

Rhode Island Domestic Violence Shelter and Advocacy Services: An Assessment



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June 29, 2005

This report was commissioned by the Rhode Island Justice Commission and completed under the auspices of the BOTECH Analysis Corporation. This reprint is provided by Advocates for Human Potential, Inc. with permission of the Rhode Island Justice Commission.

Acknowledgements

This report would not have been possible without the cooperation and enthusiastic participation of all of Rhode Island's domestic violence shelter directors and staff, the Rhode Island Coalition Against Domestic Violence personnel and the Justice Commission. Additionally, this report would not have been possible without the participation of women receiving shelter and community-based services from the shelter agencies across the state. To these women, we owe special gratitude for assisting us so that all of us can do a better job protecting victims of domestic violence and building a community that refuses to allow continued abuse of its members.

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June 20, 2005

Abstract

Asked to evaluate Rhode Island's domestic violence shelters and community-based domestic violence services offered by the state's six shelter agencies, we sought to answer the following questions:

- 1. Are Rhode Island domestic violence services reaching victims in need?*
- 2. Are victims of domestic violence receiving residential shelter commensurate with their needs?*
- 3. Are shelter services meeting the needs of victims of domestic violence?*
- 4. Are community-based shelter services meeting the needs of victims of domestic violence?*

In order to answer these crucial questions, we applied the best available estimates of battered women to define the challenge facing the state's domestic violence service providers. Based on an unduplicated count of victims served, we were able to conclude that the service providers' reach was broad, reaching current victims (abused within the preceding 12 months) including the state's two major minority populations, Hispanics and African-Americans.

We found that the state's six shelters, although largely meeting current demand, were significantly less utilized by battered women and their families across Rhode Island than in other states which are often forced to also turn away even more battered women and their children due to lack of beds. Rhode Island's contrasting

circumstances could have diametrically opposite explanations. While meeting demand, the state shelters' may be failing to serve women and families who need shelter but, for whatever reason, are not requesting it. Or, it may be that the shelters are, in fact, meeting both demand and need.

In addressing this latter question, we surveyed battered women both receiving shelter and community-based services. There emerged two different profiles of battered women, those utilizing shelter services and those utilizing community-based domestic violence services. The former were, on the average poorer, more likely to be African-American, and less educated. Also, their abusers were significantly less likely to have been arrested for the abuse incident that precipitated their victims to seek services. From this, we conclude the significant lack of police involvement supports the contention that the shelters are meeting both demand and need.

Rhode Island is one of a dozen states with mandatory arrest statutes and one of a handful that mandates "no contact" orders upon arrest (until specifically lifted by a judge at a subsequent court hearing). As a result, the state has one of the highest domestic violence arrests per capita in the country. We suggest that the state's aggressive criminal justice response to domestic violence may account for the state's lower demand for shelter beds and, at the same time, its high rate of participation in community-based domestic violence services offered by the shelter agencies.

Rhode Island's aggressive criminal justice response to domestic violence both contributes to and is a result of the state's shelter agencies' programming. According to the victim surveys, most were initially referred to domestic violence services by law enforcement. In turn, a high proportion of the law enforcement referrals were specifically from law enforcement aides, advocates who accompany officers to domestics administered by the shelter agencies through the Rhode Island Coalition Against Domestic Violence. The greatest number of victims served was served by the agencies' state civil and criminal courts' advocacy programs operating in every courthouse across the state.

In answer to whether or not domestic violence services were meeting client needs, we noted the evolving role of shelters away from focusing primarily on confidential, emergency housing to longer term support and assistance for families, including the children, to re-establish themselves safely in the community and promote their long term well-being. The severe shortage of affordable housing across the state, in any event, necessitates longer stays. Clients overwhelmingly expressed appreciation for the basic supportive services and domestic violence education they received in shelter or out by the service providers.

The major challenge facing domestic violence service providers in Rhode Island is reaching out to perhaps the most vulnerable victims and their families, namely those abused women who also suffer from concurrent substance abuse or mental illness. These women and their children routinely find

state shelter doors closed for them. Additionally, the oldest and youngest victims, the abused elderly and children who are exposed to family violence, remain as challenges for service providers. Unlike the first challenge, service providers have already begun to implement programs addressing these populations.

Rhode Island Domestic Violence Shelter and Advocacy Services

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Preface

The process of becoming violence free for abused women is complex and is not widely understood or researched. Different abused women take different and widely divergent paths to protect themselves and their families. The lengths of the individual journeys vary considerably, beginning at different junctures, often commencing with small tentative steps, retreats, and side trips before reaching their destination. On average over the last five years, each year five Rhode Island women did not survive the journey. They were killed by their abusers.¹

Table 1: Domestic Violence Homicides in Rhode Island, 1999-2003

Year	Homicides	Suicides	Total Deaths
1999	6	3	9
2000	3	2	5
2001	6	1	7
2002	5	3	8
2003	3	0	5

Contrary to some stereotypes of battered women as helpless, dependent victims, there is great empirical evidence that abused women are active help seekers, fighting to obtain the resources, information and services they need for their and their children's safety and well-being. A study of over 6,000 women from 50 different battered women shelters documented that the women had made an average of a half a dozen prior help seeking efforts before entering domestic violence shelters.² Another

large representative sample of over 3,500 battered women found two-thirds had sought help at least once from friends, relatives, and or formal agencies within their communities.³

To obtain the assistance they need, some abused women begin their journey by calling victim and domestic violence hotlines for information, support, counseling and direction. In 2003, more than 22,000 calls were made to the state's various crisis lines. In this, they were assisted by each of the six shelter agencies that make up the Rhode Island Coalition Against Domestic Violence (RICADV) and the staff of the statewide Helpline operated jointly by Blackstone Valley Advocacy Center and the Sexual Assault & Trauma Resource Center (SATRC), located in Providence. Alerted by the Helpline, volunteers accompanied approximately 300 victims to hospitals or police stations that year.

Some head towards support groups to assist and sustain them. In 2003, 650 victims attended specialized domestic abuse support/education group programs. All six of the shelter agencies offer such groups.

¹ Uniform Crime Report 2003, Five Year Comparison, Rhode Island State Police.

² Gondolf, E. (June 1998). *Service contact and delivery of a shelter outreach project*. *Journal of Family Violence* 13 (2), 131-145.

³ Wauchope (1988). Help-seeking decisions of battered women: A test of learned helplessness and two stress theories. Eastern Sociological Society, Durham, New Hampshire.

Table 2: Rhode Island Coalition Against Domestic Violence Member Agencies

Member Agencies: Rhode Island Coalition Against Domestic Violence (RICADV)

1. **Blackstone Valley Advocacy Center** (BVAC), Pawtucket, R.I.
2. **Domestic Violence Resource Center of South County** (DVRSC), Wakefield, R.I.
3. **Elizabeth Buffum Chace Center** (EBC), Warwick, R.I.
4. **Sojourner House, Inc.** (Sojourner), Providence, R.I.
5. **Women's Center of Rhode Island** (WCRI), Providence, R.I.
6. **Women's Resource Center of Newport and Bristol Counties** (WRCNBC), Newport, RI

Some head towards individual counseling and advocacy. In 2003, 2,778 abused women received individual advocacy services. That same year, more than 200 impoverished and abused women receiving public assistance received specialized advocacy and support services. These services are offered by WRCNBC.

Studies indicate that social isolation and ineffective community response are key factors in victims' inability in protecting themselves and their children. For these victims, such services have been found as instrumental in reducing re-victimization.⁴

However, victims have limited control over their abusers. For this reason, many call 911 for police

⁴ Sullivan, C. & Bybee, D. (December 2000). Using a longitudinal data set to further understanding of the trajectory of intimate violence over time. National Institute of Justice, 3.

assistance or head to the family and district courts for protection. More than 4,000 intimate partner victims of domestic violence called 911 to obtain police assistance.⁵ Once in court, they receive assistance from court advocates from all six shelter agencies, operating in all eight District Courts sessions located in four courthouses.

In some cases, the arrest is enough to deter repeat abuse. A meta-analysis of half dozen police arrest studies documented that most men arrested for domestic violence (64%) refrain from further abuse, at least in the subsequent year. Thirty-six percent re-abuse their victims, with a relatively small proportion, 8%, accounting for 82% of all of the identified re-abuse according to their victims.⁶ In the last several years, 20% of all abusers reported to police for domestic violence in Rhode Island were reported multiple times despite the fact most were also arrested multiple times.⁷

For many victims, police intervention, alone, is not enough to stop the violence and abuse.

In 2003, almost 3,500 victims obtained temporary restraining orders⁸

⁵ Domestic Violence Training and Monitoring Unit 2002 data.

⁶ Maxwell, C., Garner, J. & Fagan, J. (June 2001). The effects of arrest on intimate partner violence: New evidence from the spouse assault replication program. National Institute of Justice Research in Brief. (48% of those who are not arrested re-abuse according to their victims.)

⁷ Dubois, J. & Klein, A. (Forthcoming). An analysis of police domestic violence reports filed in Rhode Island, 2002-2004. Domestic Violence Training and Monitoring Unit.

⁸ The number of "final orders," however is much less. Less than a quarter of petitions who obtain temporary orders in Rhode Island's Family Court retain the order. Klein, A. & Wilson, D. (June 1,

from the state's Family or District Courts. In this they were assisted by Sojourner with advocates assigned to the Garrahy Court located in Providence, EBC with advocates assigned the Kent County Courthouse in Warwick, WRCNBC with advocates assigned the Newport County Court in Newport and DVRCSA with advocates assigned the Washington County Court in Wakefield.

In some cases, civil court restraining orders and criminal no contact orders protect victims from further abuse.⁹ In 2003, in Rhode Island, 1,255 of the domestic violence incidents reported to local and state police involved suspects with active restraining orders, resulting in 942 charges of order violations. This represents a violation rate of at least 27%, but is much higher as a majority of victims who obtain short-term temporary orders do not retain them for more than several weeks.

Pursuant to an arrest for domestic violence, abusers are ordered to have no contact with their victims unless and until the court vacates the no contact order. Most abusers appear to obey these temporary orders. However, a sample of 552 of persons under probation supervision for domestic violence found that 45.6% of the abusers with no contact orders issued pursuant to a prior domestic violence arrest were arrested for violating the order.¹⁰

2001) Rhode Island Victims' Rights Needs Assessment. (RI Justice Commission), 108.

⁹ Klein, A. (2004). The Criminal Justice Response to Domestic Violence. Belmont, CA: Thomson/Wadsworth (Research documents violation rates from as high as 51.4% in Hawaii to 17.3% in Massachusetts).

¹⁰ Klein, A., Wilson, D., Crowe, A. (2004). An Evaluation of Rhode Island's Specialized Domestic Violence Probation Supervision Program, Draft of Final Report. National Institute of Justice.

For abusers who ignore civil or criminal court orders, court advocacy is not enough.

No matter what paths are taken by abused women and services provided along the way, some abusers, like the "pit bulls" several researchers compare them to,¹¹ may not allow escape or peace. In Rhode Island, it should be noted that almost 40% of abusers arrested, prosecuted and placed under the supervision of Department of Correction Probation and Parole are re-arrested for subsequent domestic violence within one to two years and half of them are arrested multiple times for new domestic violence.¹²

For such victims, more radical roads must be taken. At least some make it to emergency domestic violence residential shelters for safe haven and assistance. In 2003, 314 women with 377 children stayed in the state's six domestic violence shelters. All six of the agencies that make up the Coalition offer shelter services, ranging from Sojourner's small three bedroom shelter in Woonsocket to WCRI's Providence shelter, the largest domestic violence shelter in the state, with 13 bedrooms.

According to shelter officials, while some victims and their families come to shelters immediately following an abuse incident, others come after having already left their abuser but failing to find suitable or safe alternative housing for themselves and their children.

¹¹ Jacobson, N. & Gottman, J. (1998). When men batter women. New York, NY: Simon and Schuster.

¹² Klein, A. et. al. (2004) (New arrests for domestic violence were 38.4% among abusers on probation as of January 1, 2002 through January 1, 2004. Half of these recidivists were arrested more than once for subsequent domestic violence offenses.)

And it is probable that other victims are unable or unwilling to begin the journey at all, instead suffering, generally in isolation, alone, often striving to protect dependent children and manage the abuse as best they can with the meager resources that may be available to them.

Introduction

This report was commissioned by the Rhode Island Justice Commission seeking an evaluation of shelter and related domestic violence services across Rhode Island funded with monies provided through the Justice Commission, including United States Justice Department Violence Against Women, Byrne law enforcement and Victims of Crime grants.

Evaluators interviewed each of the six shelter agency directors and select staff at each agency's main offices as well as the Executive Director of the Rhode Island Coalition Against Domestic Violence, Deborah DeBare, as well as calling them numerous times during the course of the evaluation. Evaluators also attended a regular meeting of the agency directors chaired by the Executive Director of the Coalition.

Evaluators also developed two survey questionnaires for shelter residents and victims receiving community-based services from the six shelter agencies. In order to facilitate the completion of the surveys, each agency was asked to gather a group of shelter residents or a group of victims engaged in a joint community based shelter agency program, including regular group support or counseling meetings and administer the survey en masse. The surveys were slightly different for the shelter residents and those receiving services in the community.

The ultimate number of surveys returned was small, 45 received by the writing of this report; fifteen were completed by shelter clients and 30 from victims receiving community-based services. Although limited, the surveys were probably representative of those

victims receiving services at the specific time the surveys were completed. Whether or not that population is representative of those who receive services the rest of the year is not as certain.

Draft copies of the evaluation were distributed to the Executive Director of the Coalition, the shelter agency executive directors,¹³ staff at the Justice Commission and consultant Dr. Chris Sullivan for comments. Their suggestions were gratefully incorporated as appropriate.

¹³ Including an acting executive director.

Chapter One

Are Rhode Island Domestic Violence Services Reaching Victims in Need?

RICADV measures its success “by the numbers,”¹⁴ tabulating each year the number of women and children receiving services by its member agencies, broken down by the type of services received. Client feedback collected by member agencies further suggests to the Coalition the quality of services provided in terms of victim satisfaction.

The Coalition’s 2003 Annual Report, Strength in Numbers, states its six member agencies provided direct services to 10,288 “unduplicated” victims of domestic violence, “represent(ing) the largest number of victims in any 12-month period of time that have received help from our member agencies.” Since 1999, the number of clients served has increased annually from 8,299. Most of the clients were served in the community, but 7% were served in emergency, residential shelters. The shelters provided 26,357 bed nights for victims, representing an 18% increase over the previous year.”

“Unduplicated” victims means each victim is only counted once, although that victim may use multiple services or the same service multiple times. For example, while approximately 30 women received group clinical counseling in 2003 offered by DVRCS, as a group they attended over 160 sessions. In other words, the average

“unduplicated” victim attended a little more than five group sessions.¹⁵

The 10,288 count includes 873 children, 18 years or younger, and 926 male victims. Almost all of the male victims received court advocacy services as the result of the arrest of their male or female partners. Approximately 19% of males and females arrested for domestic violence in the state are charged with abusing male victims.

In 2003, this means the Coalition agencies provided their array of services to 8,489 unduplicated adult females over the age of 18.

In assessing the services offered by the Coalition and its member agencies, the first question that needs to be addressed is what does this number mean in the broadest sense? Are services reaching those who need them? Are there enough shelter beds to accommodate those in need? The quality of the services is not relevant if the services are not reaching their intended clients.

Community Outreach

In recognition and appreciation of this fact, each agency commits a portion of its funding for community outreach and education. The Coalition, for example, takes advantage of October, nationally designated as Domestic Violence Awareness Month, to launch an annual campaign to educate Rhode Island about domestic violence. In 2003, the Coalition, among other activities, sponsored a high school visual arts contest, a statewide dress-down day, a public relations campaign with TV, radio and billboards, and a broad array of local

¹⁴ Strength in Numbers, Annual Report 2003. Rhode Island Coalition Against Domestic Violence.

¹⁵ This assumes an equal participation rate. In reality, some victims attended more sessions than others.

events. The campaign was supported by Verizon, United Healthcare of New England, Citizens Bank, NBC 10, Citadel Broadcasting, New England Gas Company, and the Generated Federation of Women's Clubs of Rhode Island.¹⁶

The Coalition's aggressive public education campaign has changed how state media identify and cover domestic violence-related incidents across the state. In 1998, in collaboration with the Boston College Media Research and Action Project, the Coalition began to examine how Rhode Island media covered domestic violence, looking at the media's response to 12 domestic homicides from 1996 through 1999 as covered by newspapers. Each homicide generated half a dozen stories. Analysis of the 88 stories generated revealed that coverage focused on the perpetrator principally, ignoring the victim. Generally, the coverage was sympathetic, picturing the perpetrator as a hard working and "good" family man! The murders were framed as unpredictable family tragedies, as opposed to the culmination of the murders' campaigns of abuse and violence against their partners and families. Reporters ignored prior histories of domestic violence, including the fact that two of the perpetrators were suspects in the murder of prior female partners! As a result of the research, the Coalition published A Handbook for Journalists to assist journalists do a better job.¹⁷

A follow up study completed this year by the Boston College Media Research and Action Project confirms

the long lasting successful effects of the Coalition's efforts. Despite turn over in reporters and passage of time, the state's media coverage of domestic violence continues to provide readers and viewers with more accurate reporting and information regarding domestic violence.¹⁸

In addition, the Coalition has broadened its public education campaigns in recent years to emphasize the need for third parties to get involved including the obligation of bystanders to intervene and report incidents to police. The fruits of this campaign may be evidenced by the fact that the proportion of 911 calls alerting police to domestic violence incidents from persons other than the victims of the violence appear to be increasing across the state. In 1999, half of the 911 calls where arrests resulted were made by persons other than the victim of domestic violence. In 2004, the percent of calls made by persons other than victims where arrests were made rose to 55.1 %.¹⁹

Similarly, tracking Helpline calls received by the states victims of crime hotline, 44% are now reported to have been made by persons other than victims, including professionals family, friends, and neighbors who call because they are concerned about doing something to help a victim of domestic violence.

Each of the state's six domestic violence victim service agencies is

¹⁶ Strength in Numbers, Annual Report 2003. RICADV.

¹⁷ Domestic Violence: A Handbook for Journalists (2001), Warwick, RI: R.I. Coalition Against Domestic Violence.

¹⁸ Ryan, C., Anastario, M. & Jeffreys, K. (Dec. 2005 forthcoming). *Start Small, Build Big: Negotiating Opportunities in Media Markets, Mobilization: An International Journal* 10(1): 101-117; Ryan, C., Anastario, M. & DaCunha, A. (2005); *Changing Coverage of Domestic Violence Murders: A Longitudinal Experiment in Participatory Communication. Journal of Interpersonal Violence.*

¹⁹ DVSA 21-B form (2005)

principally responsible for the delivery of advocacy services for victims of domestic violence within its geographical region although each agency's services are available and offered to victims across the state or even out of state. Each is responsible for identifying populations in need of its services within its service area. Table 3 breaks down the cities and towns targeted by each agency.

Since the 2000 Census, it is estimated that the state's population has increased to 1,080,632 in 2004, according to Information Please (2005), Pearson Education.

There is some overlap, particularly within the City of Providence where residents are served by both Sojourner and WCRI. As stated in its Strategic Plan Fiscal Year 2004 through 2006,²⁰ Sojourner explains: Special mention of Sojourner House's relationship with the Women's Center of RI is required because both agencies serve Providence. The strategy will be to collaborate and communicate about service provision and to maintain a cooperative attitude both at the leadership and direct service level; meanwhile we will "compete" in a healthy way by providing the most effective services in the City.²¹

Table 3: Domestic Violence Agency Primary Geographic Service Area (2000 Census)

Agency	Population
Women's Center of Rhode Island	
E. Providence	48,688
Providence (w/ Sojourner)	173,618
Total	222,306
Sojourner House	
Burrillville	15,796
Foster	4,274
Gloucester	9,948
N. Smithfield	10,618
Providence (w/ WCRI)	173,618
Smithfield	20,613
Woonsocket	43,224
Total	278,091
Domestic Violence Resource Center of South County	
Washington County	123,546
Total	123,546
Women's Resource Center of Newport & Bristol	
Bristol County	50,989
Newport County	85,934
Total	136,923
Elizabeth Buffum Chace Center	
Coventry	33,668
Cranston	79,269
E. Greenwich	12,948
Johnston	28,195
N. Providence	32,411
Scituate	10,324
Warwick	85,808
W. Greenwich	5,085
W. Warwick	29,996
Total	317,704
Blackstone Valley Advocacy Center	
Central Falls	18,928
Cumberland	31,840
Lincoln	20,898
Pawtucket	72,958
Total	144,624
State Total	1,048,319

²⁰ December 11, 2003. Sojourner House, Inc.

²¹ Ibid, 14.

Are these programs reaching women, children and men in need?

The number of abused women in Rhode Island is not known. Widely accepted national estimates of incident rates for intimate partner violence against women during the previous 12 months are derived from a national sample of 8,000 women 18 years of age or older surveyed in 1995 and 1996 by the National Violence Against Women Survey. Incidents were counted if the perpetrators were current or former dates, spouses, or cohabitating partners, including partners of the same sex.²²

Based on the survey, it was determined that 1.5% of women are victims of rape or physical assault by intimate partners during a 12 month period, while the lifetime rate is 25%. The rate is twice as much as found in the National Crime Victimization Survey, another national survey, which put the rate at .77 in 1998. However, the methodology of the latter survey is believed to underestimate incidents because it asks victims to restrict reports to those incidents they believe to constitute crimes. It is thought that some victims of domestic violence may not consider even severe physical abuse and rape as a crime if perpetrated by a spouse or intimate partner.

The violence against women survey finds abused women are assaulted repeatedly by their partners, the average number of physical assaults is about 3.4 per year and the average duration of an abusive relationship 4.5 years. About twenty percent of the

women report 10 or more physical assaults per year. Forty-one percent of the assaults cause injuries but only 11% of the victims receive medical care.

Based on the national estimate, 6,413 women over 17 were abused in Rhode Island in 2003 as illustrated in Exhibit 1. Of this number, 2,629 sustained injuries and 705 sought medical care.

Table 4: Estimate of Incidence of Intimate Partner Violence Against Females over 17 in Rhode Island, 2003

	Rhode Island
Population 2003	1,076,000
Females 17+	427,538
National Survey 1.5% Women 17+ Victimized by Intimate Partners	6,413
Injured	2,629
Medical Care	705

In 2003, the six domestic violence agencies in Rhode Island served 8,489 unduplicated adult females, more than the estimated number of women abused that year. It may be that these agencies served women who were not abused within the last 12 months but suffered abuse at some other point in their lives although this appears unlikely for the vast majority of victims receiving services.²³

It may be that there is more domestic violence in Rhode Island than across the nation as a whole. On its

²² The survey did not include couples with a child in common who may not have lived together which is included in Rhode Island. In 2003, police reported 1,000 such cases out of 8,390 total reports, or almost 12% of the total.

²³ It appears unlikely for several reasons. The majority of victims served sought court restraining orders or had partners who were arrested for abusing them. These court cases are typically proximate to the abuse event. While individuals may seek counseling and other services for abuse that ended more than a year earlier, most seek domestic violence services as a result of a more immediate crisis.

face, this also appears unlikely. The national estimate is based on a national sample with a higher percentage of minorities than exist in Rhode Island. This is important because both national surveys find a higher rate of abuse among African American women than Caucasian women. In the national crime victim survey, the rate for African Americans was 12 per 1,000 compared to 8 per 1,000 for whites. This represents a victimization rate that is 150% higher. Rhode Island has a relatively low minority population, with African Americans constituting only 4.5% of the state's population compared to 15.7% nationally. Therefore, one would expect to find less domestic violence in Rhode Island based on these demographics.

Nor does Rhode Island appear to suffer more domestic violence than the national average based on other measures. For example, in terms of domestic homicides, perhaps the single most concrete and accurate measure of domestic violence, the number of females murdered by males in single victim/single offender homicides, in 2002 Rhode Island was tied for 29th in the nation with a rate of 1.08 per 100,000. The national average was significantly higher at 1.37.

One factor in the large number of women receiving domestic violence services each year in Rhode Island may have to do with the number of victims generated by aggressive law enforcement response to domestic violence. Rhode Island is one of only twelve states with a broad mandatory domestic violence arrest statute.²⁴ As result, many more victims and abusers come into contact with law enforcement in Rhode Island than elsewhere, generating a large number of domestic

violence agency referrals. The domestic violence arrest per capita is higher in Rhode Island than any other state that tracks domestic violence incident reports.²⁵ Increased police involvement may influence more abuse victims to recognize their victimization than states with lower police involvement.

In 2003, Rhode Island's 38 police departments and state police filed 8,390 domestic violence incident reports as reported by the state's Domestic Violence Training and Monitoring Unit.²⁶ Excluding victims who were relatives (other than spouses) or non-intimate cohabitants (which are considered "domestic" under Rhode Island statute), there were approximately 4,250 adult female victims of intimate partner abuse reported to police. Each of these victims is counted among the unduplicated number of women receiving services in 2003.

²⁴ R.I. Gen. Laws §12-29-3).

²⁵ Klein, A. (2004). Op. cit. 90 (The arrest rate per 1,000 population was 6.6 in 2001 compared to 5.4 in Nevada, 3.7 in Wisconsin, 3.1 in New Jersey and 1.7 in Iowa that same year.)

²⁶ Data obtained from annual reports of the Supreme Court's Domestic Violence Training and Monitoring Unit, Pawtucket, Rhode Island.

Table 5: National Estimate of Police DV Reports and Arrests Compared to Actual Rhode Island Police Reports and Arrests

	Project Number of R.I. Women based on national surveys	Actual Rhode Island 2003 Data
Women 17+ Abused	6,413 (1.5% national rate)	8,489 unduplicated female adult victims of domestic violence served by RICADV member agencies
Victimization Reported to Police	3,335 (52% reporting)	4,284 unduplicated actual intimate partner incidents reported to police (67% reporting)
Suspects Arrested	1,113 (national arrest rate 33%)	3,079 males arrested for abusing female intimate partners (state arrest rate is 72%)

According to intake forms filled out by clients receiving domestic violence services from the six agencies, 63% of victims reported their primary referral source to be Rhode Island police. The second highest generating source was reported to be “self-referrals” at only 14%.

The Coalition’s media education campaign may also be a significant reason for the higher than expected percentage of Rhode Island women who self-identify as domestic abuse victims.

The six agencies maintain a data system for tracking how victims heard about each agency’s services. Clients are

asked to fill out a standard intake form that is then collected through the Coalition from all its member agencies. The form does not specify which services the specific client received. Table 6 is based on forms filled out by approximately three-quarters of the individuals reported to have received domestic violence services in 2004.

Table 6: Victim Referrals Sources for all Member Agency Services, 2004

Referral Source	Number	Percent
Police	4,465	63%
Self	1,020	14%
Friend/Family	360	5%
Counselor	327	4.6%
Another Agency	327	4.6%
Court	290	4%
Div. Child, Youth & Family	143	2%
Hospital	67	1%
Hotline	50	.7%
Lawyer	5	<.01%
Other Health Care	5	<.01%
Corrections	3	<.01%
Total	7,062	100%

For whatever reason, unless the national estimates are terribly wrong or domestic violence is much higher in Rhode Island than the rest of the country as a whole, **it appears that the state’s six domestic violence agencies, aided by an aggressive police response accompanied by an equally aggressive public awareness campaign, have been uniquely successful in reaching out to and/or identifying abuse victims within the state.** While this does not speak to the quality of the services offered, initial contact is important because the research has consistently found that “social isolation and an ineffective community response to domestic violence each contribute to a

woman's increased risk of abuse by partners and ex-partners."²⁷

It should be noted, however, that included in the large number of unduplicated victims served, more than half of the women, 4,250, did not necessarily seek the services of the domestic violence agencies. Their partners were arrested for domestic violence. Through the Coalition, the six agencies each are contracted by the Supreme Court to provide advocacy services for these victims in District Court (whether the victims seek such services or not).²⁸ For some victims, this can mean nothing more than being sent a letter from one of the agencies informing her of the ultimate court disposition. On the other hand, victims can rely on the court advocates to assist them in vacating or maintaining no contact orders, developing safety plans, and referral to other domestic violence services, including admission into emergency shelters.

The six agencies also promote victim participation in both civil and criminal courts. Additional advocates assist victims in the state's four Family Courts to obtain civil restraining orders. Five Law Enforcement Advocates placed in more than half a dozen police departments and Helpline volunteers may meet with domestic violence and sexual assault victims where police are involved. In turn, this increased police and court involvement may increase the demand for additional non-court domestic violence advocacy services offered by member agencies. As

mentioned, the Coalition's efforts to encourage third parties to report domestic violence to police may also generate greater police involvement.

Are racial and ethnic minorities being served?

Although it appears on the whole that most victims of domestic violence are being reached to some degree by the six agencies, the question remains, are these victims representative of the population, especially of those women most likely to be abused, the poor and racial and many ethnic minorities?

In 2003, the Coalition reserved approximately 40% of the \$241,746 received in state block Violence Against Women STOP grant money for a statewide competition among its member agencies to specifically fund outreach programs for underserved populations within each agency's service area. It awarded grants to each agency. Some of the proposed funding was for new initiatives; other was to continue to fund on-going initiatives. The monies provided did not represent new funding to the member agencies. As a result, new initiatives were funded, in effect, at the expense of other agency programs.

Identification of Underserved Populations by Member Agencies

WCRI sees its "specialized niche" as reaching "underserved populations," including "poor and poverty-level, minorities, non-English-speaking, illiterate, immigrants and undocumented women and their children."²⁹ The Center, in its strategic plan for 2004, emphasizes the need to provide intervention to women and

²⁷ Aguirre (1985); Barnett & LaViolette (1993), Crowell & Burgess (1996); Greaves, Heapy, & Wylie (1988); Sullivan & Bybee (2000) (See bibliography for complete citations).

²⁸ These court advocacy services are mandated by R.I. Gen. Laws §§12-28-3(12); 12-29-3.

²⁹ Strategic Plan 2004.

others who are “not self-identified” victims of abuse. To expand its reach, the Center has sought to expand strategic alliances/partnerships for community-based services, helping organizations and communities build capacity and self-reliance in achieving their own levels of expertise in domestic violence.”³⁰

In its 2003 outreach proposal, WCRI identified its targeted underserved population as immigrant and undocumented women. It noted that foreign born make up a quarter of Providence’s population. Most are not naturalized citizens. Two-thirds are from Latin America and one-fifth is Asian. To reach this population, WCRI implemented a Special Needs Victims’ Collaborative Program.

Unlike the other five shelter agencies, the Center does not have a separate facility to house such non-residential programs. In its strategic plan, it outlines, among other things, securing a building to be used for a Women’s OutREACH (Research, Education & Employment, Advocacy, Child Advocacy, Health and Housing) Center.

The **DVRCSC** identified its rural population at its primary underserved population, noting that Washington County offers an “unique challenge for serving victims, including small, isolated communities (New Shoreham), large geographic areas, sparsely populated, with limited transportation and social services (Charlestown & Richmond), increased migration making it the fastest growing area of the state; a growing minority population, and increasing teen population (18,424)...a federally recognized Native American population, a large university student population (14,180), one of the state’s largest,

transient tourist/season work population...”

It selected as its target population of underserved victims: 1) youth (focusing on High School students) and 2) residents of rural communities, asserting that selection of these populations will impact the largest number with limited resources. To reach these populations, it proposed that its Youth Educator will expand existing outreach programs in the schools and to related PTOs. The agency also proposed upgrading the vacant position of Coordinator of Volunteers and Trainer to Director of Volunteers and Community Outreach.

It will continue its program, entitled Creative Expression for Children...WHO Witness, a children’s expressive therapy program for three to 17 year olds, using a group approach combining education and therapy to promote mental, emotional, and physical health staffed by a LISCW and an assistant trained in Expressive Art therapy.

EBC identified Hispanics as its targeted population, noting that the proportion of Hispanics in Kent County has grown 232.5% since 1980. Its outreach program focuses on continuing its strategy of linking up with healthcare providers because “(h)istorically, low-income victims use hospital emergency departments for both critical and primary care and as their only link to referral services.” Building on its successes at Kent Hospital, EBC proposed expanding services to both victims and workers in the healthcare system, including replicating the Kent Hospital model at Fatima Hospital and in private practices and clinics throughout the County.

Sojourner identified as its priority underserved population:1)

³⁰ Ibid.

lesbian, gay, and bisexual women and men; 2) elderly women and men; 3) and Latina women and teens. In addition, Sojourner specifically reaches out to women of color through its WomenCARES program, an HIV/AIDS and domestic violence risk reduction program.

It estimates that there are 6,000 people within the state subject to same sex partner abuse at some point during their lives.³¹ For the past nine years, Sojourner has provided services targeting this community. Though the program is only 10 hours a week, last year it provided individual advocacy to 20 women and assisted others by phone, noting that 101 helpline calls were reported as victims of same sex partner abuse (64 female and 37 male.)³² Sojourner proposed continuing its Lesbian Advocacy Program and retaining a consultant to provide Gay Advocacy services via a weekly support group with a newly developed curriculum for abused gay and bisexual men.

Sojourner estimates that 1.02% of elders, 60 years or older, are abused, 19% by their spouses.³³ Sojourner notes that the state's Department of Elder Affairs received only 800 reports of elder abuse in 1997, representing only a small proportion of estimated elder abuse cases, including 1,197 estimated

to be in Providence alone.³⁴ Sojourner pioneered the state's first full-time elder domestic violence prevention program in 1999 and proposed its continuation with the outreach funding.

According to the Domestic Violence Training and Monitoring Unit, an average of 3.3% of police domestic violence incident reports involve victims sixty years or older. In 2003, those incidents involved 277 elderly victims of domestic violence and 249 in 2004.

Like EBC, Sojourner also cited the increase in the state's Hispanic population, noting 30% of Providence residents as Latino and up to half of Smith Hill's population where Sojourner's Advocacy & Resource Center is located. Sojourner proposed the continuation of its Latina Advocacy Program begun in 1988. Noting that African-American and Latina women have rates of HIV infection in Rhode Island that far surpass those of their cohorts nationally, Sojourner is the only agency of the six to offer a specific program targeting these populations. WomenCARES reaches out to women experiencing domestic violence in assessing their HIV risks. Sojourner also has expanded into the Women's Prison and Training School.

The Rural Community Partnership Project seeks to reach residents of the state's smaller towns including Burrillville, Foster, Gloucester and Situate. The project specifically provides services for teens experiencing dating violence.

WRCNBC identified its priority underserved population as residents of Bristol County, the most under-resourced area of the state in regard to social service funding. It also noted that

³¹ This figure was obtained based on an estimate gay and lesbian population of 3%, or 30,000, of which conservatively 20% are subjects of abuse during their lifetime.

³² In 2004, that figure increased to 64 women who reported same sex partner abuse. In the same period we served 17 men who reported same sex partner abuse

³³ The 1.02% figure comes from the National Elder Abuse Incidence Survey, National Center on Elder Abuse, 1998.

³⁴ This reports also included approximately 250 cases of self-neglect.

37% of Bristol and 31% of Warren residents are of Portuguese descent, with many facing language as well as cultural barriers to services. In FY 2004, the Center made 527 presentations, reaching over 14,000 people. It has specifically targeted children, elderly, and residents of rural towns.

BVAC also targets Latina women with a specific advocacy program. It also targets schools. Its School Based Community Awareness Program made 153 presentations in middle and high schools reaching almost 3,000 youth; 129 presentations were made to professional training and specialized client groups reaching an additional 2,272 participants in 2003.

Detailed demographic data is not uniformly maintained by the agencies so it is difficult to assess how successful they have been in meeting their goals. According to the Coalition compilation, 58% of the clients served in 2003 were white, 13% Latino, 10% African American, and no more than 2% anything else, except for 14% whose demographics were unknown. As of the 2000 Census, more than 85% of the state's population was white. Only 4.5% were African-American and 8.7% were Hispanic. However, as mentioned, rates of domestic violence vary among different groups. While the two national surveys disagree, it appears that Hispanic women experience more intimate partner violence than white women with black women experiencing the most. This is reflected in the rates of service provision by race and ethnic origin.

Based on the demographics of the state as well as police domestic violence incident reports by major race and ethnicity, it appears the domestic violence agencies are successfully

reaching out to the major racial and ethnic minorities in the state.

These numbers do not speak toward the success of the agencies in reaching out to much smaller minority communities, including Southeast Asians, Portuguese, Native Americans, undocumented aliens, lesbian, gay, bisexual transgendered and queer and other communities. Non-English speaking victims may be among the hardest to reach.

The Coalition reports that in 2003 it served 368 clients who were 60 or over. According to the 2000 census, there were almost 100,000 women who were 60 or over across the state. If their intimate abuse rate is 1% that would mean approximately 1,000 abused elderly women. On the other hand, according to the Domestic Violence Training and Monitoring Unit, elderly were reported victims of domestic violence in 277 incidents filed by police.

Based on the national elderly abuse estimates, it does not appear that the member agencies are reaching elderly women (or men) who may be victims of domestic violence.

Also according to the Domestic Violence Training and Monitoring Unit almost 3,000 children under 18 were present at domestic violence incidents. While not the primary victims of domestic violence in these incidents, mounting research suggests that witnessing such domestic violence may detrimentally affect children both in the short and long run.³⁵ **Based on these figures alone, it does not appear that**

³⁵ See, e.g., Edleson, J. (1999). *Children's witnessing of adult domestic violence*. Journal of Interpersonal Violence, 14 (8).

the shelter agencies are reaching the majority of children who are regularly exposed to domestic violence.

RICADV Executive Director Deborah DeBare estimates that it would require a doubling of funding for the

Coalition and its member agencies to successfully reach all of these subgroups of battered women, including elderly, Portuguese, Cape Verdian, Laotian, disabled, and deaf.

Table 7: Domestic Violence Agency Client-Base by Race, Ethnic Origin and Age, 2003

	White	Hispanic	Black	Children 0-18	60 or over	Total
Est. Female Population over 17	354,000	36,000	18,000	253,975	100,000	427,538
Clients Served	5,967	1,337	1,029	873	368	8,489
Service Rate/Population	.017	.037	.057	.004	.004	.02
Incidents Reported to Police	6,106	1,085	908	2,655	277	8,390
Incident Rate/Population	.017	.03	.05	.01	.003	.02

The member agencies turn over to the Coalition broad demographic data clients fill out as part of standard intakes.

Chapter 2

Are victims of domestic violence receiving residential shelter commensurate with their needs?

Shelter/Safe House Services

Historically, severely abused women were confronted with a brutal choice, fight or flight. Largely cut off from court and law enforcement intervention through the 1970's because of policies of non-intervention in "domestic disputes" (sic), battered women had few places to turn. There was not even a vocabulary to describe their plight. Spousal rape, for example, was not recognized as a crime by most states until the 1980's. Left to their own devices to fend off their abusers as best they could, in extreme cases abused women killed their abusers.³⁶ Almost as many abused women killed their partners as were killed by them.

Safe houses and shelters were among the first services provided for battered women. Beginning in the late 1960's, shelters for battered women began to be established. One of the first in the United States opened in Maine in 1967. Haven House, a shelter in Pasadena, California, became the first to receive a government contract in 1972. By 1996, there were estimated to be over 1,200 shelters across the country.³⁷

Their initial role was to provide emergency safe refuge for women and their children to escape their abusers. With the advent of shelters and other

assistance, while the murder of battered women has marginally declined across the country, the number of women who kill their male partners has dramatically declined. It is widely suggested that shelters, among other services, provide women in fear of their very lives an alternative to fighting back or taking preemptive action against their abuser. From 1976 to 2002, the number of men murdered by their partners has dropped by 71%, according to U.S. Justice Department figures. The number of women killed by their male partners has declined by less than 25%. During this same period, the overall homicide rate has declined by more than half.

Not only have the number of shelters increased dramatically over the past several decades, estimated to number 1,600 in 2003, but other systems have been established to protect battered women and their children. Beginning in Pennsylvania in 1976, civil restraining orders became available to abused women to obtain court assistance in constraining abusers. Law enforcement policies and legal mandates changed to encourage criminal justice intervention on behalf of battered women. Although imperfect, sometimes erratic in their operation, research indicates that these interventions,³⁸ along with a broad array of social services developed designed to assist battered women and their children, have altered the role of domestic violence shelters.

Shelters offer an array of services in addition to safe havens for victims. As more was understood regarding the detrimental impact of domestic violence

³⁶ Not all male intimate partners killed by their female partners were abusers. However, unlike females killed by their male partners, many of the male victims had prior records of abusing their partners.

³⁷ Schechter, S. (1982). Women and male violence. Boston, MA: South End Press.

³⁸ See, e.g., Buzawa, E. & Buzawa, C. (2003). Domestic Violence: The Criminal Justice Response. Thousand Oaks, CA: Sage; Klein, A. (2004) op. cit.

on children, many shelters began to offer services for the children accompanying their mothers to shelter. While the number of fleeing women and their children requiring the safety of shelters has declined only marginally based on the overall intimate partner homicide rate, given the growth in beds, their percentage among all domestic violence victims seeking shelter has declined. Many victims now seek shelter admission because they need the services, including a place to stay, as much as the safety offered by the shelters. That which WCRI declares in its mission statement applies to the shelters across the state: “Our program began shifting from shelter for crisis to a more comprehensive residential program.”³⁹ In addition, as length of shelter stays increased, the opportunity to offer residence services increased proportionately.

Domestic Violence Shelter Capacity in Rhode Island

Of the thousands of Rhode Island women who received domestic violence services in 2003, 314 women were sheltered in emergency residential safe haven/shelters⁴⁰ run by the six member agencies. This represents 5% of the estimated abused women in the state, but only 3.7% of those actually receiving services in 2003. In addition to the women, 377 of their children were also sheltered.

³⁹ WCRI, op. cit., 5.

⁴⁰ Although referred to as “shelters” by most of the agency residential directors, at least one prefers labeling its as a “Safe Home” in order to distinguish it from generic homeless shelters which provide bed space at night and little else in way of services or assistance to their clients. With this distinction in mind, we will simply refer to them as “shelters.”

The number of persons admitted to the six domestic violence shelters fluctuates, ranging from a low of 690 in 1999 to a high of 814 in 2002, averaging 748 a year. However, the number of adult females has been more consistent ranging between 300 and 350.

Most shelter admissions are family groups as illustrated in Table 7. The average family consists of two children although they range from one to five. In some cases, not all family members, especially older children, may enter the shelter with their mother and younger siblings. Data were not obtained from WCRI nor WRCNBC.

Table 8: Shelter Admissions

	Single Women	Family Groups	Percent Single Women
Sojourner, 2004	3	9	32%
DVRCSC, 2004	17	22	44%
EBC, 2004	28	35	44%
BVAC, 2004*	14	20	41%
WRCNBC, 2004	3	7	33%
Total	68	95	42%

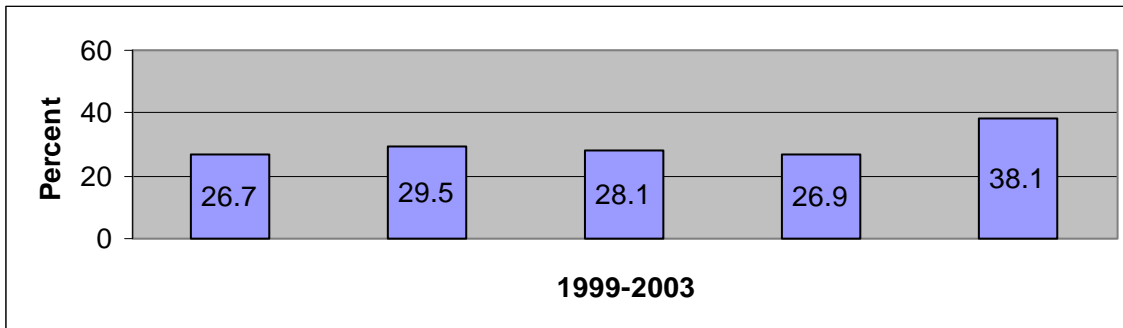
* Excludes admissions for January and December only and 2 single and 5 family homeless admissions

In other words, based on data supplied by four of the domestic violence shelters, little more than forty percent (41.7%) of domestic violence shelter admissions are single women, the rest are female headed families.

Three of the domestic violence shelters also house a limited number of homeless families headed by females. In 2003, the six domestic violence shelters provided 20,844 “bed nights” for victims of domestic violence and another 5,512 for homeless women and their children.

While the number of individuals housed fell from a high of 814 in 2002 to 691 in 2003, residents stayed longer in 2003 increasing the total of bed nights from 21,925 in 2002 of which 18,645 were for victims of domestic violence only. As illustrated in Table 9, the average stay increased dramatically in 2003. The number in each bar indicates the average number of days residents remained in the shelters.

Table 9: Average Domestic Violence Stays, 1999 – 2003



Shelter Utilization

Rhode Island's six domestic violence shelters range in size and type of accommodations. All can be distinguished from typical, dormitory-style homeless shelters that offer short-term night sleeping accommodations and refuge and little else. Although typically shelters are described by the number of beds they hold, admissions in the state's six domestic violence shelters are not made on the basis of beds, but more complex calculations based on room arrangements, ages of children (whether they need cribs, toddler or full beds) and other factors.

In addition to offering beds, the domestic violence shelters offer residents relative safety from abusive

partners, including abusers who may be intent on stalking their victims. And the shelters offer an array of services and assistance to deal with the trauma and other adverse effects of abuse visited on typical victims of domestic violence and their children forced to flee from their abusers and, often, their homes.

Apart from their unique service to protect abused women and their children and offer them specialized services and assistance, the state's six domestic violence shelters also provide shelter to a significant, but relatively small percentage of the state's homeless population.

Table 10: Shelter Residents Calendar Year 2003

Shelter	Number Residents	Bednights
Sojourner	57	2,317 (2,387 in 2004)
BVAC	130	4,283
WCRI	306	11,232
DVRCSC	87	2,179
WRCNBC	42	1,959
EBC	115	4,111 (4,096 in 2004)
Total	737	26,081

All six shelters try not to separate family units. Only single women are generally asked to share rooms. As a result, a shelter may have empty beds, but no rooms available in which to put

them. On the other hand, if there happen to be a number of single women in residence, the shelter may be able to fill all of its spare beds.

Admissions may be even more complicated if applicants for admission have special needs, such as physical handicaps, that can only be accommodated in specific rooms. At any given time, shelters may also limit new admissions based on house renovations, staff shortages, plumbing emergencies, and the like.

As a result, the number of beds supported by each shelter is best expressed in a range as indicated in Table 9. The following number of beds may not include cribs, emergency fold out couches, and the like.

EBC shelter recently reduced the number of beds it had to 16 from 24 adult beds because it was informed that if it had more, it would be reclassified as a dormitory which would require costly physical renovations to the building. Also the shelter has eight cribs and youth beds. Sojourner is seeking to expand its shelter to 15 plus beds by FY 2006.

In 2003, Sojourner House was reported to be full 288 days. At the same time, that year it provided clients with 2,317 bed nights. Given an average capacity of 8 persons per night, the shelter could have provided 603 more bed nights if always full with an average of 8 residents each night. In other words, on average in 2003, Sojourner had 1.6 empty beds each night. The empty beds could have been due to lack of demand on 77 nights and/or lack of empty beds in available rooms. A family of three, for example, could have been in a room that could accommodate four beds.

Table 11: Number of Shelter Beds

Agency	Number of Beds	Rooms
BVAC	18-21	6 bedrooms, 2 bath
EBC	18-24	7 bedrooms (one double)
Sojourner House	7-11	3 bedrooms
WCRI	19-40	13 bedrooms, 2 kitchens, 9 bath
DVRCSC	12-14	5 bedrooms, 3 baths
WRCBNC	9-11	6 bedrooms on 3 floors, each has living room, bath and kitchen
Total	81-119	

However, because the shelter will not put a non-family member in a room with a family, that fourth bed becomes unavailable, although unfilled. Given three bedrooms, the shelter theoretically could be full with as few as three women if each required her own bedroom for one reason or another. On the other hand, if each bedroom were occupied by a family with several children, the shelter could accommodate eleven or more.

BVAC Shelter has 18 to 21 beds in six bedrooms. In February of 2004, it turned away no clients because of lack of beds. That month, it housed 22 individuals for 199 bed nights. The average resident stayed in residence nine nights that month, five stayed only one night while two stayed every night of the month. If the shelter had averaged 19 residents a night, it could have

accommodated residents for 551 bed nights. In other words, it averaged 12 empty beds per night. On the other hand, in June, the Blackstone shelter was fuller and turned away 19 callers (with or without children). That month, it could have provided 570 bed nights if full with 19 people each night. It actually provided 440 bed nights, 432 for domestic violence residents and 9 for homeless residents. In other words, it could have provided an additional 130 bed nights if it had 19 people admitted each night. On average, the shelter had four spare beds a night for the month

However, without knowing the specific constellation of families and/or single women residing within a shelter each night, it is impossible to know if unused beds are empty due to lack of demand or because there is no available room in which to put the bed to accommodate additional families or single women who need shelter.

Are there enough domestic violence shelter beds?

There are no national studies on shelter utilization by battered women and their children. The most comprehensive study was completed in Canada. Canada has an extensive network of shelters across the country so its utilization rates are not constrained by a shortage of beds. Over a 12 month period in 1997 and 1998, the study found 12% of all abused Canadian women (based on national survey) entered a shelter during that time. This rate of shelter usage appears to be significantly lower than that found in several states within the United States where states completed similar studies at that time. In Minnesota, 20% of its abused women

(based on national estimates) entered shelters in 1999. In neighboring Wisconsin, the rate was less, 12.6%, however, because of less shelter beds, another 1,700 women were reported to be turned away from shelters.⁴¹

More recent statistics reveal a usage rate by 10.8% of abused women in Colorado but only 3.3% in New Jersey in 2003.⁴² In Rhode Island, the percentage of abused women (based on national estimates) admitted to shelters is just under five percent (4.9%). Table 12 compares Colorado, New Jersey and Rhode Island statistics regarding relative utilization of domestic violence shelters for each state's estimated abused women over 17 and their families.

In Rhode Island, where shelter beds are generally available, the shelter utilization rate is significantly lower than that found in Colorado as well as the other jurisdictions cited in earlier studies, but not New Jersey.⁴³ Colorado shelters also turned away 5,382 callers because they were full in 2003.⁴⁴ However, just considering women admitted to shelters, almost twice the percent of abused women were admitted to domestic violence shelters in Colorado than Rhode Island. However, as a result of longer average stays in shelter, Rhode Island shelters provided proportionately almost the same number

⁴¹ Coleman, S. (March 2001). An Evaluation of Minnesota's Shelter Program for Battered Women. St. Paul, MN: Center for Applied Research & Policy Analysis, Metropolitan State University.

⁴² Colorado Coalition Against Domestic Violence, Domestic Violence Facts and Statistics (2005) (www.ccadv.org/facts.htm); Albin, S. (April 8, 2004). Metro Briefing New Jersey: New Law For Abuse Shelters. New York Times.

⁴³ How many women New Jersey shelters must turn away is not reported.

⁴⁴ This does not mean that these callers did not subsequently secure admissions to shelters,

of bed nights to abuse victims as does Colorado.

Table 12: Comparison: RI, Colorado, and New Jersey, 2003

	RI	Colorado	New Jersey
Women over 17	427,538	1,679,313	3,345,478
Estimated Abused Women last year	6,413	25,190	50,182
Shelter Residents	691	5,297	3,649
Adult Residents	314	2,725	1,676
% Abused Women Sheltered	4.9%	10.8%	3.3%
Bed Nights	26,357	113,941	n.a.
Average length	38 days	21.5 days	n.a.

The significantly lower utilization rate of domestic violence shelters by abused women in Rhode Island does not necessarily mean that there are too few domestic violence shelter beds in Rhode Island.

It may be that because of aggressive law enforcement intervention, issuance of court restraining orders, and the provision of other domestic violence services, the proportion of abuse victims needing emergency shelters is less in Rhode Island than elsewhere.

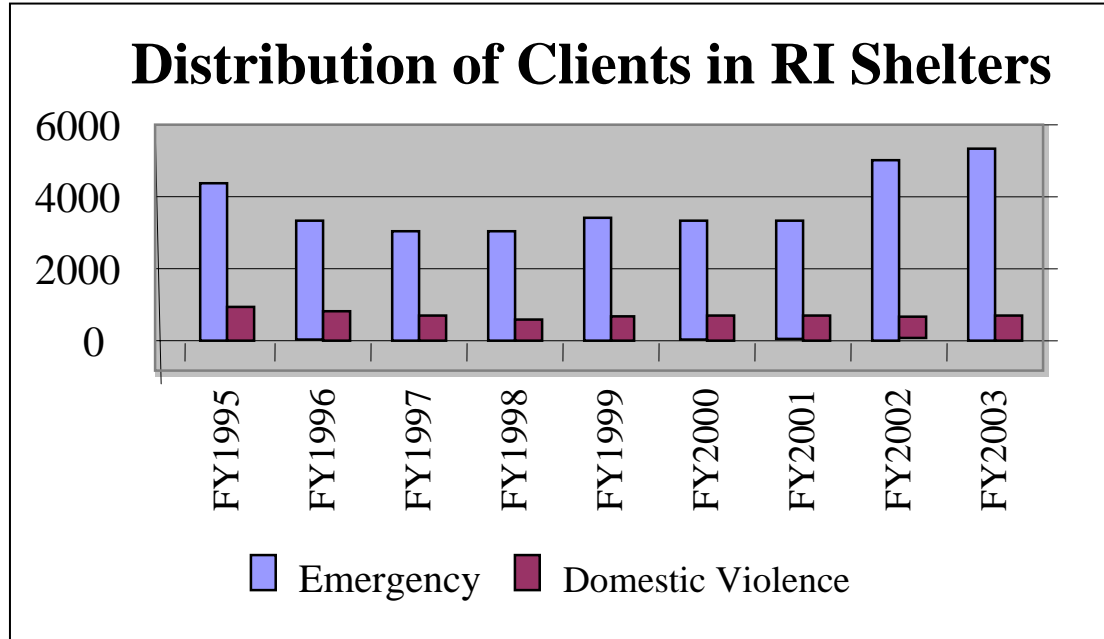
It may also be that women and children in need of shelter can more readily obtain it in Rhode Island through the general network of state and local shelters for the homeless. The six domestic violence shelters are part of a much larger state shelter program. The

larger program may also provide alternatives to abused women and their children. From July 1, 2002 to June 30, 2003, 5,686 individuals used the state's public shelters (or the state's small voucher program) spending 192,034 bed nights in them.⁴⁵ The average individual remained in the shelter for 34 nights.

The domestic violence shelters provided a little over ten percent (10.3%) of the bed nights across the state, 19,548 compared to 171,429 non-domestic violence bed nights. The domestic violence shelters provided beds during this period for 739 individuals representing 13% of all persons sheltered across the state.

⁴⁵ E. Hirsch, R.I. Emergency Shelter Annual Report July 1, 2002 to June 30, 2003.

Table 13: Homeless Persons and Families Receiving Shelter in Rhode Island



Although most state shelter residents are single males, the number of single females and female headed families sheltered has increased during the past few years. The number of female headed homeless families has increased from 471 in 1997-1998 to a high of 553 in 2002-2003. The number of single women increased from 657 to 879 during the same period.

In other words, the non-domestic violence shelter system provided beds to more than 700 single females and two hundred female-headed families. Further, 22.4% of the single women and 39.6% of the women with families admitted to shelters reported domestic violence being the primary reason for seeking shelter. A slightly large percent of women, 29.1% of single women and 42.1% of women headed families, identified domestic violence over “no income, housing costs, legal eviction,

family separation or relocation from outside Rhode Island” as “personal problems.”

In short, it appears that not all women who either experienced domestic violence within six months of their admission to shelter or who were motivated to seek shelter due to domestic violence were sheltered by the state’s domestic violence shelters. Table 14 tracks shelter admissions for single women and women-headed families admitted to domestic violence and non-domestic violence shelters between 2002 and 2003.

Table 14: Number of Domestic Violence Victims Residing in Domestic Violence and non-Domestic Violence Shelters, 2002-2003

	Single Women	Women-headed Families
Total receiving shelter services	879	553
Self-identified as domestic violence victims w/in six months	(22.4%) 197	(39.6%) 219
Total sheltered in DV shelters ⁴⁶	104	207
Self-identified domestic violence victims sheltered in non-dv shelters	93	12

It may also be that abused women and their children seeking shelter in Rhode Island are more likely to find it among large extended family and friend networks in the state's many tightly knit communities.

While victim intake forms collected by the domestic violence agencies indicate where clients heard about the agency services, they are not broken down by which services the clients accessed. As a result, it is not

⁴⁶ These figures are estimated, based on the estimate that approximately one-third of domestic violence admissions are of single females and two-thirds are female headed families. In addition, shelter admission for calendar year 2003 was used while the overall shelter figures are from July 1, 2002 to June 30, 2003.

known specifically how shelter residents learned of the shelter services. Without this information, it is difficult to determine if the shelters are reaching those in most need (or if those most in need are able or willing to use shelters).

When asked, shelter directors provided a variety of answers regarding how residents heard about their services. The variety reflects either differences from region to region or different understandings among the shelter staff. BVAC report that the majority of its shelter referrals come from professionals, including state and local human service workers such as the Department of Children, Youth and Families (DCYF), the state's child protection agency, guidance counselors in schools, and DHS case workers. In addition, it gets referrals from police, local hospitals (Pawtucket Memorial Hospital), and occasionally from clergy.

Sojourner reports that many referrals come from victims calling their various hotlines located at the shelter, the court and the drop-in center.

By contrast, WRCNBC reports that a large portion of its clients are referred by police and criminal courts. WRCNBC advocates spend two days a week in Providence's district court to cover cases from Warren and five days a week in Newport court to cover cases from Newport County. Similarly, WCRI reports most of its referrals come from police, DCYF, and DHS which administers the temporary assistance (welfare) program for the state.

South County reports the majority of its admissions are from outside the county, often referred by other shelters.

To some degree, the agency's outreach efforts influence admissions. EBC, for example, has a full time

outreach worker for elderly victims for the past two and one half years and reports several elderly victims admitted each year as a result.

Turn-Aways

While the need for shelter beds is not known within Rhode Island, it appears that demand for beds does not exceed current supply. This may be because there are sufficient beds or victims who are in need of such services do not know about them or unable and/or unwilling to access them.

The demand for shelters is suggested, in part, by the number of individuals who call agency and state hotlines seeking shelter. The six shelters track the number of callers and their children who are turned away, not admitted to the shelter at the time of the call. While the information gathered provides some valuable insights, it is limited in many respects and does not define definitively shelter capacity and/or admissions.

First, each shelter provides different classifications for reasons for non-admission so it is difficult to make comparison from one shelter to the next. Second, intake workers may not be uniform in how they classify callers even within the same shelter from one to the other or over time. Third, the forms track calls, not callers. A specific caller may call multiple times the same day or the next day and eventually gain admission. The same caller may also call several shelters on the same day. If turned away from more than one shelter, the number of calls will exceed the number of women and children actually turned away. If the caller is turned away because the shelter is full, the shelter intake interview is not completed so it is

not known if the caller was otherwise eligible for admission or if admitted, the caller would have followed through and actually entered the shelter. Callers may indicate interest in gaining admission, but subsequently never appear. The one shelter, Sojourner that tracked such data documented in 2003 that 11 callers were no shows, 13 did not call back and 19 decided against being admitted. This represented 35% of shelter intakes that year.

Nonetheless, given the limitations, certain findings can be made. First, the majority of callers turned away from shelters are not turned away because the shelters are deemed to be full based on 2004 data. The exception was Sojourner House, one of the smallest shelters, where the majority of callers who were turned away were turned away because the shelter was deemed to be full at the time of the call.

It should be noted, that in all cases, women who are turned away are given the number of other shelters that appear to have beds. In cases where women do not want to leave the area, they are referred to non-domestic violence shelters that admit families. If they are able and willing to wait for a bed to become available, they are advised to keep calling. Beds are not reserved in advance.

Based on the turn away calls, it does not appear that there are insufficient beds in the aggregate for women actively seeking admission to shelter for domestic violence.

Table 15 tracks turn away calls based on data supplied by the shelters each month to the RCADV.

Table 15: Turn Aways: Total and Year Average

Agency	Women	Children	Full	No DV	Other
DVRCSC Jan-Nov, 2004	81 total 7 per month	85* 8	38 3.5	17 1.5	29 2.6
Sojourner Jan-March, 2004 July-Sept. 2004	180 total 30 per month	173 29	126 21	32 5	18 3
BVAC 2004**	656 total 55 per month	688 57	78 6.5	286 24	379 32
WCRI					
WRCNBC 2004	48 4 per month	n/a	7 1	12 1	34 3
EBC 2004	287 24 per month	93 8	33 3	89 7	233 19
Total	1,204	1,039	275	166	659

* If number of children not indicated, counted as one child.

** Multiple reasons given for some turn-aways.

Admission by Race, Ethnic Group

Demographic breakdowns of shelter residents were obtained from two of the six shelters. In 2003, Sojourner housed 19 white, 12 black, 4 Asian, 15 Hispanic and 7 “multi-racial/other” individuals, including five who were non-English speaking. The WCRI reports that its residents were equally divided, one-third white, one-third black and one-third Hispanic. Combining the data, it appears that African-Americans, Hispanics and Native Americans were over-represented compared to their population within the state. Where reported, 20.2% of shelter residents were African-American, 18.7% were Hispanic and 1.3% were Native-American, .5% Asian, 3.2% were multi-race and 3.5% as “other.”

It also appears that the six domestic violence shelters serve the state’s major racial and ethnic minorities.

Underserved Populations

What is apparent, however, is that specific categories of victims of domestic violence are either not receiving residential services or are finding limited residential services available to them. This can be discerned from the shelters’ admission policies as well as tracking reports of persons requesting admission who are turned away.

Admission Policies

1. Safety: The six shelters will not admit women and their children who cannot be safely housed in their facility. This includes those who live in the immediate vicinity of the shelter or whose partners are apt to know of the shelter’s location.

As mentioned earlier, each of the state’s six domestic violence victim service agencies is principally responsible for the delivery of advocacy

services for victims of domestic violence within its geographical region. Although each also plans for, funds, administers and operates its own domestic violence emergency shelter/safe haven within its service area, the shelters are not designed to serve victims living within their immediate proximity.

Although governed locally by each agency, each shelter serves a statewide, and to a lesser extent, out-of-state constituency of abused women and their children. In fact, in order to reduce the potential for abusers to gain access to their victims in shelters, victims who live closest to the shelters are generally ineligible for admission. Instead they are referred to sister shelters outside their region of the state.

For example, the Blackstone Valley Advocacy Center shelter is located in Central Falls, which is a densely populated, one square mile city abutting Pawtucket. Because of the close proximity of Central Fall's residents to the shelter, abused women seeking shelter from Central Falls are referred to other shelters, farther away from their potential victimizers. According to shelter administrators, half of the clients come from Providence followed by those areas of Pawtucket, furthest from Central Falls. Similarly, abused women from Newport seeking shelter are referred off island for their safety.

According to shelter administrators in South County, the majority of their admissions are from out of county residents. The Women's Center of Rhode Island reports a steady stream of clients from across the boarder in Massachusetts, influenced greatly by the policies of the closest Massachusetts shelters that limit residency to two weeks. Other shelters report housing

women as far away as from South Carolina and Virginia who have fled their own states to escape determined stalking abusers.

Local admissions are further constrained by the limited availability of beds from time to time. When the shelter is full, women seeking shelter are referred to shelters elsewhere in the state. Where necessary, transportation is provided to facilitate victims seeking to gain admission out of region.

In 2004, for example, the EBC shelter located in Warwick provided only six beds to families or single women from either Warwick or West Warwick. The rest, as illustrated in table 16 came from elsewhere, including a little over ten per cent who came from out of state, mostly Massachusetts.⁴⁷

Table 16: Last residence location of 2004 EBC Shelter Residents

Cites/Towns/States	Number	Percent
Providence	21	33%
Cranston	8	12.7%
Warwick	6	9.5%
Pawtucket	4	6.3%
Woonsocket	4	6.3%
Massachusetts	4	6.3%
W. Warwick	3	4.8%
Central Falls	2	3.2%
Middleton	2	3.2%
Connecticut	2	3.2%
Coventry	2	3.2%
Warren	1	1.6%
Narragansett	1	1.6%
Maine	1	1.6%
Jamestown	1	1.6%
Shannock	1	1.6%
Total	63	100%

⁴⁷ Massachusetts shelters also accept Rhode Island residents.

Each shelter is responsible for reporting the availability of beds to the Rhode Island Coalition offices each morning. It then becomes available to all of the shelters by noon that day. While the information may be quickly outdated, it provides a guide to the separate shelters where beds may be available outside the local region where they can refer clients when their shelter is full.

The smaller shelters are the most likely to be full at any given time, making them the most likely to refer local victims out of region. The Newport shelter, for example, reports that it has been full the last nine to ten months of 2004. On the other hand, EBC Center has not turned away any applicants since last May.

Shelter personnel give different answers when questioned whether or not the majority of clients are admitted proximate to an abuse incident or subsequently, after the client obtained alternative housing that proved, for one reason or another, to be unsustainable, either the woman had moved in with relatives or friends who could no longer house them, the woman found she could not maintain rent payments, or the abuser had discovered where she was and was threatening her safety or the safety of the children.

In fact, EBC is considering a strategic plan that would reduce the size of its confidential shelter because staff feels that most women do not need to remain hidden while receiving shelter services. When asked, shelter directors provide different assessments of the security needs of their shelter residents.

Table 17: Shelter Director Views on Client Safety Requirements

Shelter	Need to Be Hidden	Need Shelter Services, But Not Hidden
WCRI	25%	75%
BVAC	35%	65%
EBC	30%	70%
DVRCSC	70%	30%
Sojourner	70%	30%
WRCNBC	10%	90%

Due to initial screening of admissions and exclusion of women whose abusers are liable to know of the shelter's location, the shelters report few security breaches caused by abusers intent on tracking down their victims. All report good relationships with local law enforcement who generally know of the shelters' locations. Most have various alarm systems and other equipment and measures to prevent intruders, including secluded parking so abusers can't track the victim through her automobile. Clients in the shelters generally use the address of the shelter agency's administrative office for official papers, return addresses on applications, school enrollment forms for their children and the like. Except in the case of the Women's Center, the agencies' administrative offices are located in a separate building, even separate city than the shelter. All but BVAC maintain separate telephones for shelter residents that do not go through the agency's switchboard. BVAC calls come through the agency switchboard. Switchboard operators do not confirm a resident's presence, but offer to take messages in case the intended recipient

of the call happens to contact the switchboard.

2. Drugs and alcohol: All of the shelters report they are not equipped to handle women who are actively abusing drugs and/or alcohol. DVRCSC actually conducts urine screens to check for drug use as part of its intake process, although another shelter threatens to but does not. WCRI does urine screens on a quarterly basis after women are admitted. Most require victims suffering from substance abuse be sober for a period of time before admission. EBC reported admitting a woman who was on methadone maintenance. She was required to take her methadone in front of a staff member.

3. Mental Health: Similarly, the shelters report that women who suffer mental illness that would make them unable to function with the other residents and comply with shelter rules are not admitted. Women who are deemed at high risk for suicide are not admitted unless or until they are stabilized on medication and/or are under a doctor's care who vouches for their stability for admission.

On the other hand, EBC, for example, reports admitting a woman who had tried to commit suicide five times in the past but was deemed stable at time of admission. The Women's Center of Rhode Island reported turning away a woman who had tried to commit suicide six times in the last month and whose 9 year old daughter who was to join her in the shelter was in the hospital for a suicide attempt at the time of the request for admission.

4. Homeless, but not domestic violence victim: Three of the shelters will admit homeless women with families even if they have not experienced domestic violence. WCRI,

the state's largest domestic violence shelter, admits the largest number of homeless women and children who are not victims of domestic violence. BVAC reserves one of its six rooms for homeless families, often referred by the local homeless shelter. WRCNBC will also take a homeless woman and children if room is available. In the past three years, it has taken in two homeless families between January and April.

EBC admitted homeless women and children for one year but stopped doing so within the last several years.

Overall, in 2003, twenty-one percent of the total bednights in the six shelters were occupied by homeless women and their children who were not victims of domestic violence.

5. Women with Teen Boys: Most of the shelters will not admit boys who are 12 years of age or older. WCRI admits boys who are under 14 years old. None expressed concern that boys of this age might be abusive, but said their exclusion was based on concerns of privacy, especially in regard to shared bathroom facilities.

Sojourner will accept teenage boys. The shelter has three bedrooms and three separate bathrooms. WRCNBC will take boys up to 17 years old. If older, admission is made on a case by case basis.

While residents are generally not allowed visitors at BVAC, exceptions are made for boys who are not admitted to the shelter. They are allowed to visit the rest of their family who are admitted.

6. Re-Admissions: Unless discharged from the same or other Rhode Island shelter for serious rules violations, shelter residents may be re-admitted to the same or different shelters after leaving a shelter. It is understood that leaving is a process that may entail

multiple attempts before successfully effected. If upon admission, the shelter intake worker learns that the resident has just left another shelter, that shelter may be contacted to find out the circumstances and whether or not the person should be admitted.

BVAC staff estimate that about 3 or 4 admissions a year are of persons who had resided in the shelter before. If a woman seeks to be re-admitted, intake workers generally inquire if, in the interim, the woman's abuser learned (including being told by the applicant) where the shelter is located. If yes, the person is referred to another shelter for her safety. EBC shelter staff report that one of their prior residents had her abuser pick her up at the shelter when she left the facility. Later, when she sought to be readmitted, she was referred to another shelter. Although most admissions are for one time only, WRCNBC shelter staff said they have no limit on the number of re-admissions allowed.

WCRI reports that 60% of their residents have been in shelters in the past.

In 2003, 691 unduplicated women and children stayed in shelters. However, collectively the six local shelters reported housing a total of 737 women and children. This means that 46 women and children housed in shelters that year were housed in multiple shelters. Based on general occupancy rates, it can be estimated that this number most likely included eight single women and 13 families, representing a little more than 7% of all adult admissions. According to the Coalition, this multiple annual residency rate has been constant for the past several years.

7. Shelter terminations: Very few residents are kicked out of shelters

for their behavior. Newport, for example, reports that last year, two families and one single woman were asked to leave. In one case, the woman was intoxicated, another was violent with staff and the third fought with another resident in the shelter. South County shelter staff emphasize that their program is designed to "empower, not enable" residents. Consequently, residents can be terminated for not completing their shelter work assignments. However, less than a half a dozen are kicked out each year, mostly for drug use or violating confidentiality rules. The latter most often involves revealing the address of the shelter for pick ups or drop offs.

8. Women with physical disabilities: Most of the shelters can accommodate people with physical handicaps, at least on their first floors. Blackstone's shelter is wheel chair accessible. The shelter is not equipped with TTY phone service for the deaf but reports having had a deaf woman reside there in the past. A translator was brought in from the school for the deaf to help communicate with her at times. Sojourner's first floor has a bedroom that can hold two that is handicapped accessible. South County's shelter's first floor bedroom is also handicapped accessible. The bedroom can hold two beds and a crib. The shelter also has TTY phone service. The Providence shelter is handicapped accessible and has elevators allowing access to upper floors. It also has ramps.

EBC Center also has a first floor bedroom that is handicapped accessible as is the bathroom on that floor.

Newport's shelter is not handicapped accessible. Its first floor bedroom suite, as of last summer, is reserved for elderly abuse clients.

9. Arrest Records: All of the shelters will take women who have arrest records if they are truthful in self-reporting their backgrounds. Sojourner actually admitted a woman who was facing charges of killing her intimate partner and allowed her to reside in the house as a condition of her bail release.

All of the shelter staff admit that they make exceptions to their rules on a case by case basis. Some will admit, in an emergency, a woman who may be under the influence of drugs temporarily until a more suitable accommodation can be made. Others indicate they may admit a woman even if the shelter is deemed full, utilizing a convertible couch in a room reserved for administrative staff.

Turn-Away Reports

As becomes apparent after examination of the turn-away reports, victims who suffer both domestic abuse **and** drug/alcohol abuse and/or mental health problems, including suicidal depression, find shelter admission problematic.

The number turned away because of drugs, mental health or medication issues is actually larger than that captured in Table 18 because several of the shelters include these categories as “other.” Specifically, the WRCNBC listed seven turn-aways due to “active substance abuse,” six due to “mental health issues,” and four for “recent suicide attempt.”

The “other” category also included “incomplete screening,” “unsafe,” “previous resident who was a problem,” and “no transportation to job.” At least 19 of the “other” callers (as reported by two of the six shelters) did not call back after being screened, 33

changed their minds after being admitted or during the process or didn’t show up at the shelter, and 25 were referred to another shelter, drug or mental health treatment facility or transitional housing program. “Other” also includes 68 who sought shelter for reasons other than domestic violence or a handful who had resided in domestic violence shelters immediately before but didn’t need the safety a shelter offers anymore or did not make satisfactory progress toward getting themselves “on the right path” before leaving the prior shelter. Several were turned away because of “difficulty with communal living.”

A smaller number of others were turned away because the shelter would not admit a teenage boy family member. In some of the shelters, it was noted that the caller with arrest records was not admitted because she failed to disclose her record or the record was deemed to indicate her to be violent. In a few instances, callers were turned away because they indicated their abuser knew of the shelter’s location or they lived too close to the shelter. In several cases, women were turned away because they were on a “do not accept” list, having been terminated from a shelter for non-compliance. Two were turned away specifically from the WRCNBC shelter because it isn’t handicapped accessible. The shelters’ admission policies help explain the above turn-away data and the great flexibility most of the shelters exercise in admitting needy women and their children. Each shelter has its own admission criteria, although differences are in the details, not the general rules.

Table 18: Other Turn Aways

Agency	Teen Boys	Drug/MH/ medication	Arrest/ Warrant	Unsafe	Other
DVRCSC Jan-Nov, 2004	2 .2	5 .5	9 1	2 .2	11 1
Sojourner Jan-March, 2004 July-Sept, 2004	0	4 1	0	0	14 2
BVAC 2004	51 4	146 12	0	20 2	162 13.5
WCRI					
WRCNBC 2004	0	17 1	3	3	17 1
EBC 2004	17 1	31 3			185 15
Total	70	203	12	25	379

The exclusion of victims of domestic violence and their children because of drug/alcohol and mental health concerns appears to be problematic, representing a serious collective challenge for Rhode Island's six shelters.

Such women may be among the most vulnerable victims and their dependent children may be among the most vulnerable in the state for continued abuse and suicide.⁴⁸ Domestic abuse rates are even higher among homeless women with serious mental illness. Goodman et.al. (1995)⁴⁹ found

that significant numbers (70%) had been physically or sexually (30.4%) abused by a partner.

In addition, there is growing evidence that abuse plays a significant role in the development and exacerbation of mental disorders and substance abuse problems, increasing the risk for victimization, and influences the course of recovery from a range of psychiatric illnesses. Studies of battered women have found between 54 and 84% to suffer from PTSD; 63 to 77% suffer from depression; and 38 to 75% to suffer from anxiety.⁵⁰

⁴⁸ See, e.g., Kramer, R. (1989). Alcohol and Victimization Factors in the History of Abused Women Who Come to Court: A Retrospective Case-Control Study. Ann Arbor, MI: UMI Dissertation Services. (Severely abused women were disproportionately likely to come from alcoholic/substance abusing families, and to abuse alcohol and drugs themselves.);

⁴⁹ Goodman, L.A., Dutton, M. A., & Harris, M. (1995). Episodically homeless women with serious mental illness: Prevalence of physical and sexual assault. *American Journal of Orthopsychiatry*, 65,468-478.

⁵⁰ Gleason, 1993, and Follingstad 1991, Arias & Pape (1999) found 88% of domestic violence shelter residents suffered PTSD, Campbell, et. al. (1995) found 64% suffered depression; Humphreys (2003) found 39% to 56% PTSD, Kemp, Rawling and Green. (1991) found 84% suffered PTSD, Kubany (1996) found 50% suffered depression; Orava (1996) found 33% suffered "severe" depression; Street & Arias (2001) found 65% suffered PTSD; Torres & Han (2000) found 72% suffered depression and 56% PTSD; Tuel & Russell (1998) found 43% suffered "severe" depression; and West (1990) found 47% suffered PTSD

Meta-analysis by Golding (1999)⁵¹ across multiple samples of

(www.dvmhpi.org/Aboutdvmh.htm). (See bibliography for full citations.)

⁵¹ Golding JM (1999), Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *J Fam Violence* 14(2):99-132; see, also Albucher RC, Liberzon I (2002), Psychopharmacological treatment in PTSD: a critical review. *J Psychiatr Res* 36(6):355-367; Campbell JC (2002), Health consequences of intimate partner violence. *Lancet* 359(9324):1331-1336 [see comments]; Coker AL, Bethea L, Smith PH et al. (2002), Missed opportunities: intimate partner violence in family practice settings. *Prev Med* 34(4):445-454; Coker AL, Smith PH, McKeown RE, King MJ (2000), Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. *Am J Public Health* 90(4):553-559; Fanslow JL, Norton RN, Robinson EM (1999), One year follow-up of an emergency department protocol for abused women. *Aust N Z J Public Health* 23(4):418-420; Greenfield LA, Rand MR, Craven D et al. (1998), Violence by intimates: analysis of data on crimes by current or former spouses, boyfriends, and girlfriends. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Holtzworth-Munroe A, Marshall AD, Meehan JC, Rehman U (2003), Physical aggression. In: *Treating Difficult Couples: Helping Clients with Coexisting Mental and Relationship Disorders*, Snyder DK, Whisman MA, eds. New York: Guilford Press, pp201-230; Hughes MJ, Jones L (2000), Women, domestic violence, and posttraumatic stress disorder (PTSD). Available at

www.csus.edu/calst/government_affairs/reports/fp32.pdf. Accessed March 2, 2004; Johnson SM, Makinen J (2003), Posttraumatic stress. In: *Treating Difficult Couples: Helping Clients with Coexisting Mental and Relationship Disorders*, Snyder DK, Whisman MA, eds. New York: Guilford Press, pp308-239; Jones L, Hughes M, Unterstaller U (2001), Post-traumatic stress disorder (PTSD) in victims of domestic violence: a review of the research. *Trauma Violence Abuse* 2(2):99-119; Koss MP, Bailey JA, Yuan NP et al. (2003), Depression and PTSD in survivors of male violence: research and training initiatives to facilitate recovery, *Psychology Women Quarterly* 27(2):130-142; Laffaye C,

battered women, including those in settings other than domestic violence agencies (hospital emergency rooms, psychiatric settings) found a weighted mean prevalence of 48% for depression and 64% for PTSD. Partner abuse is also a significant risk factor for suicide as well.

Many victims of domestic violence have endured multiple forms of abuse across their lives resulting in greater risk for posttraumatic mental health problems such as depression, PTSD, eating disorders, substance abuse, and makes worse co-occurring psychiatric conditions, compromising their ability to protect themselves and their children.

Despite this, collaborative models for addressing these issues have

Kennedy C, Stein MB (2003), Post-traumatic stress disorder and health-related quality of life in female victims of intimate partner violence. *Violence Victim* 18(2):227-238; McFarlane J, Soeken K, Wist W (2000), An evaluation of interventions to decrease intimate partner violence to pregnant women. *Public Health Nurse* 17(6):443-451; Meichenbaum D (1994), *A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with Post-Traumatic Stress Disorder (PTSD)*. Waterloo, Ont., Canada: Institute Press, pp388-389; Parker B, McFarlane J, Socken K et al. (1999), Testing an intervention to prevent further abuse to pregnant women. *Res Nurs Health* 22(1):59-66; Rhodes KV, Levinson W (2003), Interventions for intimate partner violence against women: clinical applications. *JAMA* 289(5):601-605 [see comment]; Schnicke M, Resick PA (1993), *Cognitive Processing Therapy for Rape Victims: A Treatment Manual*. Newbury Park, Calif.: Sage Publications; Schlee KA, Heyman RE, O'Leary KD (1998), Group treatment for spouse abuse: are women with PTSD appropriate participants? *Journal of Family Violence* 13(1):1-20; Solomon SD, Johnson DM (2002), Psychosocial treatment of posttraumatic stress disorder: a practice-friendly review of outcome research. *J Clinical Psychology* 58(8):947-959. (See bibliography for complete citations.)

been slow developing. Mental health and substance abuse service providers are not routinely trained to address domestic violence. Untrained mental health and substance abuse service providers falsely interpret survival strategies as disorders, overlook the advocacy needs such as shelter, legal assistance, and safety planning, and do not understand the risks a psychiatric diagnosis can pose for custody battles with an abusive father. Typically domestic violence service providers are not prepared to address mental health and substance abuse problems facing abused women, especially when these problems are made worse by domestic abuse. “For a person struggling to find safety from abuse and recover from its traumatic effects, the lack of training and the absence of collaboration among service providers impedes optimal care. Linking domestic violence advocacy with mental health and substance abuse service delivery is critical for the prevention of future violence and its sequel.”⁵²

An earlier assessment of Rhode Island’s STOP Formula Grants program concluded: “Rhode Island’s mental health system is equally unresponsive to victims of domestic violence and sexual assault...There is no mandatory training of mental health professionals in domestic violence or sexual assault, so appropriate treatment largely depends on chance.”⁵³

The Washington State Fatality Commission illustrates the confounding impact of victim drug use. It found that

almost half of the women murdered by their intimate partners had never contacted police and none had received any services tailored for victims of domestic violence. A little less than a third had never even spoken about their abuse to family or friends before their murder. One of the reasons for their isolation according to the report was the fact that almost a third of the victims suffered substance abuse. Victim drug abuse made it difficult for them to contact criminal justice officials, courts or police, or be admitted to state shelters. In addition, some of the victims had language problems isolating them.⁵⁴

⁵² ____Domestic violence has a significant impact on mental health. Domestic Violence & Mental Health Policy Initiative (www.dvmhpi.org).

⁵³ Lundy, A. (September 2000). An Evaluation of Rhode Island’s Violence Against Women STOP Formula Grants. Cambridge, MA: BOTEC Analysis Corporation, 22.

⁵⁴ Every Life Lost is a Call for Change, Findings and Recommendations from the Washington State Domestic Violence Fatality Review (2004) (http://www.wscadv.org/projects/FR/04_FR_rep_ort.pdf).

Chapter 3

Are shelter services meeting the needs of victims of domestic violence?

With the exception of WCRI, the majority of each of the six shelter agency's program budgets is for community-based services outside of the shelters.

Table 19: Breakdown of Domestic Violence Agency Budgets, 2003 calendar or fiscal year, by \$100,000

Budget Category	BVAC	EBC	Sojourner	WCRI 2003	DVRCSC	WRCNBC
Residential (% Program Budget)	233 (40.4%)	232 (39%)	229 (28.3%)	423.6 (60.4%)	207 (30.8%)	149 (18.7%)
Court	69 (12%)	156.5 (26.3%)	124 (15.3%)	Est. 70* (10%)	94 (14%)	98 (12.3%)
Community	55.5 (Latina) 107 (Education) (28.2%)	194.5 (32.7%)	454	Est. 172* (24.5%)	371 (55%)	133.5 Newport 140 Bristol (34%)
Transitional Housing	59 (10.2%)	11 (1.85%)	0	35** (5%)	0	
Helpline	53 (9.2%)					
Youth						166 (20.85%)
Other				35 ** aftercare advocacy (4%)		84.5 & FVOAP 24.5 (11%)
Total Program	576.5	594.5	808	701	672	796
Administrative	58	149	92	173	156	85
Fund Raise/ Development		12.5	71.5	120	79	88
Total	634.5	756	972	993	907	969
% Program	89.5%	78.6%	83%	70.5%	74.1	82.1%

* Community budget not broken out for court program, transitional housing

** Not refunded in 2004 budget.

The community-based programs offered by the shelter agencies have a direct bearing on shelter operations, providing outreach to identify women in need of shelter, programming and services for those in residence as well as non-shelter-based agency staff made available to women and their children in shelter. For example, residents in several of the shelters are transported to the agencies' drop-in centers for weekly support/education domestic violence meetings. In addition, residents are invited to participate in these agency-run community-based programs after they leave the shelter.

In addition, several of the non-shelter-based services offered by some of the shelter agencies are provided to shelter residents.

For example, WRCNBC administers the Family Violence Option Advocacy Program for the state's Department of Human Services, the agency that dispenses temporary assistance to needy families (TANF), referred to as "Family Independence Program (FIP)" within the state. The Program assists the Department in screening recipients who may need waivers from work and child support requirements as a result of domestic violence they experienced. It also assists them in safety planning and obtaining appropriate services. In this regard, between July 1, 2004 and September 30, 2004, the Program referred dozens of women in the program to the six shelters agencies for services, including shelter admissions, including two to BVAC, eight to EBC Center, ten to Sojourner, four to the WCRI, six to DVRCSC, and 31 to WRCNBC.⁵⁵ In addition, the

Family Violence Option Advocates visited shelters to assist residents obtain Family Violence Option Waivers.

Shelter Service: Length of Stay

In evaluating the efficacy of services provided for shelter residents, the first consideration must be consideration of whether or not the length of stays are sufficient to provide safety to residents and/or the provision of necessary services. In other words, once admitted are there sufficient resources to allow victims and their children to remain in shelter as long as needed and are they receiving the services they need while in residence?

As shelters have evolved from offering principally immediate, short term crisis services, so has the length of stays of their residents. Although several domestic violence shelters just across the border in southern Massachusetts operate as two week, temporary refuges only, such is not the case with the six Rhode Island shelters. Over time, the average stay of residents has generally increased. This is attributed by staff to be due to the increasing difficulty of their clients being able to find suitable alternative housing due to soaring rents and lack of subsidized, Section 8 or public housing available to their clients.

According to the Rhode Island Coalition for the Homeless, for example, the average wait for section 8 housing vouchers across the state is five years.⁵⁶ Rents for two bedroom apartments in Rhode Island average over \$1,000 per month, requiring an annual income of \$40,000 to be affordable (constituting 30% of the total household income). Although 123,000 households in Rhode

⁵⁵ Family Violence Option Advocacy Program, Quarterly Performance Report, July 1, 2004 – September 30, 2004.

⁵⁶ 2003 figures.

Island make under \$25,000 annually, there are only 38,000 subsidized housing units and only 16,000 public housing units across the state.⁵⁷

Homelessness across Rhode Island has increased generally over the last five years. Fiscal year 2002-2003 saw more homeless sheltered in the state than ever before. 5,686 individuals were provided shelter for 194,024 bed nights in 17 emergency shelters, three voucher programs, as well as the six domestic violence shelters. The average shelter stay was 34 nights. However, a small percentage of the homeless clients, 12%, utilized 53% of all the shelter nights.

While average stays have increased in the six domestic violence shelters, a small, but consistent number, estimated by the various shelter staffs to be from 10 to 20% of residents, leave the shelters within the first several weeks. Upon admission, they may decide the shelter is not for them or they may decide they do not want to leave their former residence and/or partner. It may be that once the immediate crisis is over, they feel it safe to leave the shelter.

For those who remain, stays can range up to a year.

WCRI admits residents for two months. If the resident has been compliant with house rules and participates in house programs, she may petition to extend her stay another month at a time. The average stay is reported to be four months. In the past year, three or four families have stayed from half a year to nine months. In South County, the average stay is reported to be between three and six months. After the first three months, residents must apply for one month extensions.

⁵⁷ RI Emergency Shelter Annual Report, July 1, 2002 to June 30, 2003, Emergency Shelter Information Project.

The WRCNBC shelter admits clients for six to eight weeks. They usually reside on the second floor, designated as the emergency shelter. They may then move to the third floor where they can stay up to six to nine months.

The basic stay at EBC Center is eight weeks. By emphasizing the eight week rule, the staff tries to motivate clients to work and obtain alternative residences. However, residents may extend their stay up to five months. Shelter staff reports that it has the largest percentage of persons who stay for shorter periods because many of its residents are in a better position to find alternative housing.

There is no time limit for residents at Sojourner House as long as the client is meeting the goals she and her caseworker developed upon her admission. Staff found in the past that when it enforced rigid timeframes, it encouraged women to return to their batterers.

Exact stay numbers were only obtained from the Blackstone Valley Shelter in 2004, Sojourner House in 2002 through 2004 and WRCNBC in 2004.

Table 20: Length of Stays in Sojourner, BVAC and WRCNBC

Number of Families and/or Individuals Remaining	Sojourner 2002-2004 (average)	BVAC 2004	WRCNBC 2004
1 to 7 days	30%	37%	0
8 to 31 days	34%	39.5%	40%
32 to 120 days	21%	21%	30%
121 days to 180 days	11%	3%	20%
181 or more days	3.5%	0	10%

The BVAC and WRCNBC figures may underreport the length of stays, however, because they do not include carry-overs from the year before or into 2005. Excluding possible carry-overs from 2003 or those who remained after December 2004, a little under 28% remained in the BVAC shelter a week or less and a little over two-thirds remained a month or less. The remaining third stayed an average of 75 days. The stays ranged from one day to 174 in 2004 inclusive. Twenty-seven of the persons who resided in the shelter in 2004 may have also stayed for a period of time in the shelter in the days, weeks or months immediately preceding January 2004 or subsequent to December 2004.

BVAC also housed 35 homeless families in 2004. A little less than three quarters stayed in the shelter a month or less. The remainder stayed more than a month, averaging 94 days. The homeless residents were more likely to reside in the shelter for a shorter period of time than those seeking refuge because of domestic violence.

Four members of one family stayed in the Sojourner shelter for 238 days in 2004, or almost eight months. Another member of the same family was added when the mother had a baby in the shelter after 148 days. The baby spent the following three months in the shelter with her family before they all left. The briefest Sojourner stay was two nights by a single woman, followed by a family of two that stayed a little over a week. The remaining all stayed a month or more. A breakdown follows in Table 21.

Table 21: Sojourner in 2004

Number in Family Unit	Number of Days Stayed	Total Bed Nights
Four & One (baby born)	238 90	952 90
Four	192	768
One	153	153
Two	72	144
One	61	61
Two	33	66
Four	30	120
Two	9	18
One	2	2
22 individuals		2,375

In all three years, single women, on the average, stayed in the Sojourner shelter for fewer nights than families. The stay for single women ranged from a low 5.5 days in 2003 to a high of 72 days in 2004. The stay of families ranged from a high of 96 days in 2004 to a low of 46 days in 2003. In Blackstone, the average length of stay for single women was 19.5 days. The average for families was 29 days.

Similarly, single women were more likely to stay in the WRCNBC for shorter periods. Only one of the three stayed more than 10 days. Only two families out of seven stayed less than a month.

Not knowing in advance when shelter residents will leave, intensive services are not offered to those who remain in the shelter for only a short period of time. As a result, these residents receive less education, counseling and skill development and their children less treatment. On the other hand, they may need less which is why they do not remain in the shelter for longer periods of time. Based on the

limited information obtained from residents once they leave the shelters, it is not possible to know if the services received match their needs.

Shelter Staffing: Uniformly, notwithstanding lack of high paying salaries, staff turnover is consistently low among the six shelter programs. It is not unusual to find staff members who have served in one capacity or another for several decades in the same shelter. Other staff may have served less time in any specific shelter but served in another domestic violence shelter before coming to their present shelter. Staff longevity indicates an extremely high degree of dedication and commitment often

uncommon in low paid human service agencies.

Regular shelter staff is also supplemented by other agency staff. It is not unusual, for example, to find an agency director personally called to the shelter to deal with detached cabinets, snow removal and other needs of the moment.

As illustrated in Table 22, shelter staffing is limited which in turn limits individual contact time with residents. However, the compassion, commitment and competence of shelter staff cannot be readily quantified.

Table 22: Shelter Staffing

Agency	Day Staff	Child Advocate	Night Staff	Salaries, Fringe, Payroll Tax
WRCBNC	1 Director (case manager) (back ups in Agency)		4 part-time	\$122,738
EBC	1 Director 1 ½ case managers	1	8 part-time, inc. weekends	\$185,389
DVRCSC	1 Residential Coordinator 1 Case Manager	1	2	\$163,991
Sojourner	1 Residential Director 2 Case Managers	1 pt child advocate	2 overnight 3 PT shelter relief	\$187,466
BVAC	1 Director 1 Case manager 1 Helpline advocate (intake)	1	3 3 weekend/on call/	\$198,801
WCRI	1 Director 3 case managers	1 full 1 pt	2 full 1 pt 1 weekend 1 pt vacant	\$286,994

Of course the support offered by fellow residents on a day to day, informal basis may benefit residents as much as any of the formal programs and services provided by staff. For example, the WRCNBC shelter director described how one of its single elderly residents who just left the shelter after obtaining section 8 housing would be sorely missed by the other residents. She baby sat for the mothers and provided helpful dressing advice for those seeking employment.

Personnel costs constitute the largest percentage of shelter budgets. With the exception of staffing costs, most shelter costs are fixed. There is an economy of scale in regard to shelter costs. WRCNB has the most minimal staffing costs, but, as the smallest shelter, still has the third highest costs per bed night of all of the shelters. On the other hand, WCRI has the largest staff costs but due to its large capacity has the lowest costs per bed night based on 2003 occupancy rates.

thereafter to assist in the plans' implementation. WCRI has five case managers, BVAC three; Sojourner two, and DVR CSC and EBC each have one. In Newport, the residential director also serves as the shelter case manager.

Shelter and Community-Based Services Offered

All of the shelters complete an assessment upon admission and develop a service plan for each resident or family. The shelters offer an array of services, relying in part on the other non-residential services each shelter's sponsoring agencies also offer. Most of the shelters draw upon their agency personnel and programs to provide these services. Only WCRI contracts out the majority of services offered its residential clients. WCRI, it should be noted, is the only one of the six agencies that administer shelters that is primarily a shelter agency, committing the majority of its budget to shelter services.

Table 23: Breakdown of Recent Annual Shelter Costs

Agency	Total Resi- dents 2003	Bed Nights	Total Expenses Before Depreciation	Cost per Bed Night	Year Ending
EBC	115	4,096	\$232,549	\$56.77	June 30, 2003
Sojourner	57	2,317	\$229,626	\$99.10	June 30, 2003
WCRI	306	11,232	\$423,674	\$37.72	Dec. 31, 2003
DVR CSC	87	2,306	194,657	\$84.41	June 30, 2003
WRCNBC	42	2,284	\$138,473	\$60.63	June 30, 2003
BVAC	130	4,283	233,301	\$54.47	Dec. 31, 2004

Case Managers: All of the shelters have at least one person who serves as a case manager to work with the adult residents helping each prepare a case plan for what they hope to accomplish or work on while they are at the shelter. The case manager meets with them periodically

It therefore has less agency resources to draw on. The other five agencies spend the majority of their program funds for community-based programs.

Group

Counseling/Education/Support:

Most of the shelters offer weekly group meetings for all adult residents that fulfill multiple purposes. Some also have special therapeutic groups for children.

EBC has weekly group meetings aimed at increasing residents' self-esteem. These meetings are run by shelter staff. It also has a family therapy group that meets weekly with a licensed therapist who comes into the shelter each week. There is also a weekly meeting to tackle issues related to domestic violence, including conflict resolution, and anger management administered by staff. Every Friday, there is also a relapse prevention group session for residents dealing with drug and alcohol issues. This too is run by staff. Parenting groups meet weekly as needed, also run by staff.

DVRCSC shelter transports residents each week to its Drop-in Center on Main Street in Wakefield for a psycho-educational group meeting that deals with stress reduction, depression, domestic violence education, child discipline and other related issues. It also transports residents for domestic violence support groups and provide for babysitting while the clients attend these out of shelter groups. It also transports individual residents for individual counseling. At the shelter, there are weekly parenting groups run by staff, a family craft group run by the child advocate, a weekly house meeting dealing with house issues, and a weekly women's issues group run by house staff.⁵⁸

WRCNBC also transports residents to its Drop In Center for weekly support sessions.

Sojourner has a twice a week support group meeting for residents.

BVAC has weekly support group meetings of residents run by staff. Legal service lawyers are invited in monthly to present to the group as are others to assist women in gaining employment, budgeting, and other activities. In addition, it has a weekly house meeting to discuss house issues, the agency's court advocate meets with the residents on a biweekly basis. House staff meets with the residents biweekly to work on budgeting and related issues.

The WCRI contracts out individual and group counseling services to the Providence Center which conducts weekly psycho-therapy groups dealing with depression, anxiety, medication and related issues. The Providence Center performs intakes at the shelter, then clients receive services at the Center. As a result, women can continue to receive the counseling after they leave the shelter. The Women's Center child advocate runs a parenting skills group at the shelter. Soon, Providence Center will also conduct a parenting/child group on a weekly basis at the shelter. The shelter's Day Advocate runs a domestic violence education group, bringing in outside speakers who speak on transitional housing, and legal services, Yoga, employment training and other topics. There is also a group house meeting to discuss house issues and plan the weekly menu.

The shelter directors report that most women upon admission to shelters do not have restraining orders. With assistance from shelter staff, most do by the time they leave the shelters.

⁵⁸ DVRCSC considers its often twice a week case management sessions as providing additional education and support to residents.

Child Services/Advocacy: As one shelter director put it, the shelter used to treat women as its primary clients and helped them provide for any children. Now they regard the children as equally primary clients in need of services.

In addition to group meetings, several of the shelters offer individual counseling to residents, including children. BVAC and DVRCSA each have one full time child advocate, WCRI has one and a part time child advocates, and Sojourner has a part time children advocate. EBC Center has the equivalent of a full time child advocate (one part time and one half of a full time advocate). It also has an outside consultant, board certified children's art therapist who comes into the shelter and works with children in groups.

WRCNBC has a child therapist, trained to deal with children who witness violence, who goes to the shelter twice a week or more as needed.

The DVRCSA also provides its Creative Expressions for Children program staffed by a licensed clinical social worker.

Transitional Housing: Three of the shelters have transitional housing programs. WRCNBC has one transitional apartment, currently under renovations. When finished, it will provide up to 18 months residence to women and their children. The house was donated by the City of Newport. Shelter staff commented that the transitional housing program requires disproportionate Center resources and is not looking to expand the program. BVAC has a Transitional Advocate. About half of the clients ask for her assistance. The shelter also has one three-bedroom apartment and two two-bedroom apartments. Each is available for one year's lease, renewable for an

additional year. One opened last June 2004, the other two the following November. They were all filled immediately upon opening. Residents must pay 30% of their income as rent; the remainder is subsidized by Shelter secured funding. EBC has two transition houses where residents may reside up to two years.

When transitional housing apartments provided by the shelters become available, the word is put out to all of the shelters if they cannot be filled with clients from the sponsoring shelters. WCRI, for example, reported that one of its clients, leaving its shelter, was offered one of Blackstone's apartments but chose another, less desirable transitional apartment offered by a non-domestic violence housing program because it demanded only payment of 10% of her income.

Sojourner has no transitional housing, but a talked about new shelter may have attached apartments for transitional housing.

Clients in all of the shelters are referred to alternative housing programs offered by non-domestic violence agencies. They are also referred to a list of low-cost apartments maintained by the state homeless agency. Most local housing authorities, subsidized rent programs and section eight housing programs offer little more than lengthy waiting periods for battered women and their children leaving shelters. Only Sojourner reports that the Woonsocket Housing Authority gives priority to battered women on obtaining project and subsidized housing. Most of their clients who receive these services are admitted to public housing projects. One of Newport's recent elderly clients obtained section 8 housing in that City which was

deemed very exceptional. Staff felt that the fact that she was elderly helped.

Other Aftercare: In addition to referrals, many of the shelters try to maintain contact with former residents. The shelter director in Newport visits those who leave every week for the first month and then less often for the next five months. Among other things, she hooks the women up with the Sunshine Lady Foundation⁵⁹ to obtain up to \$3,000 a year to obtain furniture for new apartments.

DVRCSC shelter staff calls former residents for three months, although the former residents are invited to call the Center any time. EBC refers clients who leave the shelter for participation in its community-based programs, however, many leave the area because they can't afford Warwick rents. Many move to Providence and are referred to the programs of Sojourner House. EBC Center has no formal program of contacting former residents.

Adequacy of shelter services: Perhaps the ultimate test of shelter services is to determine where residents go after they leave the shelter. Unfortunately, the shelters have no formal system for determining what happens to residents once they leave the shelter. Sojourner staff has made the most concerted attempt to follow up to determine where residents go after leaving the shelter. Its findings are reported in Table 24.

According to Sojourner staff in 2003 "at least" 36% of its families "established themselves in households independent of their batterers;" 12% transferred to another shelter or relocated to shelter out of state; 28%

returned to live with their batterer; and the whereabouts of 28% is unknown.

Table 24: Status of Sojourner Leavers, 2002-2003

Status	2002	2003	Average
Obtained Housing/Relocated	28.5%	36%	32%
Returned	28.5%	28%	28%
Transferred	5%	12%	8.5%
Unknown	33%	28%	30.5%
Waiting List	5%	-	2.5%

Other shelter staff report only guesses based on anecdotal feedback. BVAC, WRCNBC & DVRCSC staffer believe at least half of their residents do not go back to their abusers. It may be that residents who return to their batterers are provided with more resources and facility to do so safely or their stay in the shelter convinced their batterer to alter his behavior. It may never have been the residents' goal to permanently leave their abusers. Until such information is systematically secured from former residents, the short and long term effects of the shelter services provided cannot be determined.

Notwithstanding lack of feedback, if fifty percent of shelter residents establish independent living situations away from their abusers after leaving the shelter, as asserted by shelter officials, or even if the figure is closer to that reported by Sojourner, closer to 40%, this exceeds rates generally reported elsewhere. Gondolf, et. al., for example, reported that the majority of shelter residents in his study of 6,000 women who entered Texas shelters between 1984 and 1985 returned to their abusers.⁶⁰ Other researchers have found

⁵⁹ The Sunshine Lady Foundation is a private family foundation established in the fall of 1996 through the vision and determination of founder and President, Doris Buffet Bryant.

⁶⁰ Gondolf, E. & Fisher, E. (1988). Battered women as survivors" An alternative to treatise of

that a large group of women entering shelters intend to return to their abusers. For them shelters offer respites, not transitions to alternative living situations.⁶¹

On the other hand, failure (or inability) of the shelter agencies to rigorously track those who leave shelters make it difficult to determine if the state's shelters serve as a means for women and their children to leave their abusers or whether they serve as a temporary respite from abuse. Further, without direct feedback from victims, it cannot be determined if the latter is a matter of preference or necessity.

Survey Results

All six of the shelter agencies were asked to administer survey questionnaires to their residents during the late winter and spring of 2005. At the time of this writing, 15 surveys were received from four of the shelters. Asked to rate the helpfulness of services received in the shelters, all rated as most helpful just knowing they have a secure, safe place to stay. The next set of services receiving the second highest scores were the group support they received from other shelter residents, explanation of domestic violence from shelter staff as well as information regarding finance, employment and housing and planning on what they will do after leaving the shelter. A minority of residents included counseling from shelter personnel, counseling for children, parenting skills training, and

alcohol and drug relapse prevention, however not all of the residents who completed the forms had children and child counseling and alcohol and drug relapse prevention were not offered in all shelters.

Asked what services they thought they needed that the shelter failed to provide, more than a quarter of the women took the trouble to write in "nothing" (as opposed to skip the question). Three wrote in housing and one each wrote in transportation, one on one counseling and advocacy for day care. Asked what the shelter was unable to provide for their children, a quarter also wrote in "nothing." Other write-ins included school bus, more activities for children, discipline.

Learned Helplessness, Lexington, MA: Lexington Books.

⁶¹ Krishnan, S., Hilbert, J. McNeil, K. & Newman, I. (June 2004). From respite to transition: Women's use of domestic violence shelters in rural New Mexico. Journal of Family Violence, 19 (3), 165-173.

Chapter 4

Are community-based shelter services meeting the needs of victims of domestic violence?

In addition to shelter and related services for residents, each of the shelter agencies offers an array of community-based services for victims, their children and the community at large. Already outlined are the extensive community education and outreach efforts undertaken by the several agencies. According to Coalition figures, BVAC served the smallest number of clients, 984, and Sojourner the most, 4,043 in 2003.

The single greatest categories of clients served in the community are those served by the six agencies in the District Courts pursuant to a contract the Coalition has with the state Supreme Court to insure that the provisions of the state's Victim Bill of Rights are afforded victims of misdemeanor domestic violence. The second greatest categories of clients served in the community are those served by four of the shelter agencies' restraining order advocacy programs in the state's four civil courts. As broken down in Table 19, the six agencies spend between and 10 and 26% of their program budgets on court/legal advocacy.

District Court Advocacy

All of the agencies provide court services to victims of misdemeanor domestic violence offenses from their general geographical regions. Misdemeanor domestic violence cases are heard in the state's four courthouses. As a result of court consolidation, the District Court in Providence maintains several different sessions to

accommodate a large portion of the state. In addition, there are District Courts in Wakefield, covering South County; Newport, covering Newport County, and West Warwick, covering Kent County.

The WRCNBC covers cases from Newport County heard in the Newport District Court and the Bristol County cases held in the Providence District Court. Similarly, EBC covers criminal domestic violence cases from Kent County heard in the Kent County District Court and 8th session cases heard in the Providence District Court. The remaining agencies cover cases heard in only one District Court; South County covers all criminal domestic violence cases heard in the Washington County District Court located in Wakefield; Sojourner covers criminal domestic violence cases from Woonsocket in the Providence District Court, Blackstone Valley covers cases from Pawtucket area in the Providence District Court and the WCRI covers Providence cases in Providence District Court.

The services offered victims of domestic violence charged in the District Courts are different than those in the civil courts. The posture of the victims are often much different too. In the District Courts, victim involvement is necessitated by an arrest of the alleged abuser, whether or not the victim wanted the abuser arrested and/or prosecuted. Under state law, upon an arrest for domestic violence, the alleged abuser is prohibited from having contact with the alleged victim, whether or not the victim desires continued contact. Victims are generally informed by local police when and where her abuser will be arraigned. They are also referred to the Domestic Violence agency advocate who staffs that session.

If the victim desires, she (or he)⁶² may physically meet with an advocate in a borrowed office or hallway of the court. DVRCS, alone, has its own office in the McGrath Judicial Complex in Wakefield. Often the victim seeks the assistance of advocates in getting the no contact orders lifted at the arraignment so the abuser can return home. In an unrelated 2005 study completed by the author, it was determined that one-third of the no contact orders are vacated at the defendants' arraignment.⁶³ Subsequently, another 18% are lifted by the court while the defendant remains under court probation supervision. Of course, orders are automatically removed if the case is dismissed or not prosecuted. The 2005 study documents that the risk of re-abuse for the victim remains constant whether or not the no contact order is maintained.⁶⁴ In other words, it does not appear that the orders provide any additional protective benefit to victims.

The court advocates also provides information on the proceedings, services available to the victim and future court dates. Whether or not the victim comes to court and/or meets with the advocate, advocates attempt to send letters to all victims regarding court dates and the ultimate disposition of the case. It appears advocates may not be successful in reaching all victims.

The addresses of the alleged victims are provided by police obtained at the time of arrest and recorded in their incident reports. As a result, the

addresses are often outdated by the time the shelter agencies attempt to correspond with victims as victims may leave the incident address after the arrest. This was also documented in the 2005 study which included attempts of Coalition staff to interview the victims of men under probation supervision within the state. Using the Coalition victim data base, interviewers found that half of the victims were no longer at the addresses or phone numbers provided by police. While member agencies may have updated their local files, they had not updated central Coalition files.

There are other gaps in the provision of District Court Services in addition to wrong victim contact information.

Rhode Island maintains a *de novo* system of misdemeanor court prosecution. Misdemeanants tried in District Court may appeal to the Superior Court and be tried or engage in plea bargaining all over again. The victim advocates provided by the six member agencies in District Court are not contracted to provide coverage for these victims whose abusers take the cases to Superior Court. Nor is their vertical prosecution, so the domestic violence victim finds her or himself faced with a new set of prosecutors and victim advocates provided by the Office of the Attorney General. While the number of victims requiring assistance in the appellate sessions of the Superior Courts is small, relatively few misdemeanants exercise their rights of appeal, current advocates stationed in District Courts would be hard pressed to have the resources and time to cover additional sessions in the Superior Court.

⁶² This is the only general victim service offered by the six agencies that is liable to involve a large number of males, alleged victims of either male or female abusers.

⁶³ Klein, A., et. al. (2005). (Based on a sample of 552 abusers subsequently placed under probation supervision in 2002.)

⁶⁴ Klein, et. al (2005). op. cit.

Table 25: Breakdown of Shelter Agency District Court Coverage

Agency	District Court	Court location	Number of Domestic Violence Cases
WRCNBC	1 st	Providence	123
	2 nd	Newport	416
EBC	3 rd	Warwick	764
	8 th	Providence	596
DVRCSC	4 th	Wakefield	573
BVAC	5 th	Providence	654
WCRI	6 th	Providence	1,039
Sojourner	7 th	Providence	466

Family Court Advocacy

While each agency has its own District Court Advocacy Program, Sojourner administers the Restraining Order Office located in the Garrahy Judicial Complex in Providence that issues most of the temporary restraining orders; 2,676 in 2003. Family Court restraining orders are available to married, divorced or separated couples, those who have a child in common, are related by blood or marriage, or a minor in a serious dating or engagement relationship within the past six months. Persons living together within the past three years as well as persons in serious dating or engagement relationship within the past six months may obtain orders in District Court.

A Sojourner restraining order advocate is available to order seekers before, during and after hearings called for 9 AM. The advocates' office is open from 8:30 am to 12:30 pm and from 1:30 pm to 4:30 pm. In 2003, 4,631 temporary restraining orders were granted to victims of domestic abuse of which 2,346 utilized Sojourner services via its office in the court.

In addition, EBC advocates assist victims seeking orders in Kent County

Court that issued 437 orders in 2003; WRCNBC assists victims in Newport County Court that 182 issued in 2003, and DVRCSC assists victims in Washington County Court that issued 150 orders in 2003.

An earlier study reveals that the majority of persons who obtain temporary restraining orders do not return to Court for longer term orders.⁶⁵ In 1999, 2,002 victims sought temporary restraining orders from the Court. Eventually, 1,575 obtained temporary orders. The majority expired after several weeks with only 485 retained by victims. It is generally understood that victims may not ask for order retention for contradictory reasons. Some clearly drop the orders because they feel the situation has been resolved satisfactory. Others drop them because they feel the orders aren't helping or make the situation more dangerous for them. Other research suggests that judicial demeanor in issuing the orders influences victims' decision whether or not to return to court to seek longer term orders.⁶⁶

Current Rhode Island order retention rates are unknown. However, unlike other jurisdictions, the prior study also revealed that a third of the women who do not request their orders be extended return to the Courts to so inform the court. This is attributed to the advocates who counsel women to return to court when their temporary orders expire. Outside of Rhode Island, petitioners simply fail to return to court to request order extensions.

⁶⁵ Klein, A. (June 1, 2001). Rhode Island Victims' Rights Needs Assessment, Cambridge, MA: BOTEK Analysis Corporation (RI Justice Commission Report).

⁶⁶ Ptacek, J. (1999). Battered Women in the Court Room: The Power of Judicial Responses. Boston, MA: Northeastern University Press.

Advocates in either criminal or civil court provide significant outreach to victims who might not otherwise come into contact with agency advocates. Court advocates provide referrals to the rest of the services, including residential shelter. In Rhode Island, this is particularly important because of the high arrest rate involving a disproportionately large percent of abuse victims than found outside the state.

Although thousands of victims are reached in the shelter agencies' court advocacy programs, the number of victims who take advantage of the fuller range of more long term services offered is limited. Only 4% of victims cited courts as their primary referrals source for domestic violence services they received from the shelter based agencies. However, many victims may cite police as their primary referral to services because the police refer them to the court advocates who, in turn, refer them to other shelter agency services.

Allotment of Court/Legal Advocacy Resources

The six agencies allot different amounts of their budgets to staff their court and legal service efforts. Partially this is due to the fact that almost all of the programs' costs go to pay for advocates stationed in court. To accomplish their missions, they must attend each relevant court session whether there is one domestic violence case scheduled or 100. Further, the funding sources for criminal court coverage are different from those for Family Court coverage.

The Supreme Court contracts out through the RICADV District Court domestic violence advocacy services. It

provides each agency with one advocate per District Court unless the agency serves less than 400 cases, in which case they get a portion of the position paid. In addition, a federal discretionary grant awarded to the state, the Grant to Encourage Arrests provided by the Violence Against Women Act, provides for enhanced advocacy services to all six agencies. Based on the number of cases they handle, they receive either .6 or .75 of a full time advocate to be utilized as the agency deems fit. Finally, the agencies raise additional funds on their own which they can assign to any task they choose. Additional federal civil legal assistance grants are awarded to Rhode Island Legal Services which, in turn, subcontracts for four part-time legal advocates for family or district courts for protective orders.

Table 26 contains a breakdown of clients served comparing with funding received by each shelter agency for District Court Advocacy.

Table 26: District Court Advocacy Services, 2003

Agency	District Court	Number	Percent	TROs	Total clients	Percent	Budget	Percent Overall Court Budget
WRCNBC	1 st 2nd	539	11.6%	182	721	9%	6/30/03 \$98,197	16%
EBC	3 rd 8th	1,260	29.4%	437	1,697	21.3%	6/30/03 \$156,418	25.5%
DVRCSC	4th	573	12.4%	150	723	9.1%	6/30/03 \$94,298	15.4%
BVAC	5th	654	14.1%		654	8.2%	2004 \$69,358	11.3%
WCRI	6th	1,039	22.4%		1,039	13%	12/31/03 \$70,000	11.4%
Sojourner	7th	466	10.1%	2,676	3,142	39.4%	6/30/03 \$124,461	20.3%
Total		4,531	100%	3,445	7,976	100%	\$612,700	100%

Advocacy for Garrahy restraining orders are considered a statewide program so all of the six shelter agencies were invited to bid for it. Sojourner won the bid. Newport, Kent, & Washington restraining order programs were not put out to bid, but awarded to each proximate local shelter agency. The advocacy programs for district courts are similarly not put out to bid even though there are only four physical court houses in which the cases are heard. The four court houses still maintain separate geographical sessions so advocacy for these sessions is not considered appropriate for competitive bid.

In addition to these court advocacy services, member agencies provide limited legal assistance to women dealing with child custody, child support and other related issues. As voiced by the Coalition Director, there is widespread agreement that the agencies see a need to expand their services across the state in these areas.

Other Community-Based Programs and Services

In addition to court advocacy, all of the shelter agencies provide support groups for battered women as of 2003. The groups usually meet every week at a set time in the agencies' drop in center located separate from the shelter (except in the case of the WCRI where it is located in the same building). Three of the agencies, as illustrated in Table 27, also offer psycho-educational groups designed to help victims understand domestic violence. Sessions may be held over several months.

All of the agencies also provide individual advocacy, usually meeting with the individual client one or two times. The exception is the WRCNBC where advocates are reported to meet on the average half a dozen times with each client. Each agency defines what it includes within the category of "individual advocacy." Some may include advocacy provided by its Family

Court restraining advocates. As a result, major differences among the agencies may reflect reporting, not actual service delivery differences.

Three agencies provide therapy for a dozen to over fifty clients, consisting of multiple meetings over a

she may be for final approval to admit anyone.

These agency lines are in addition to a statewide helpline that is Administered by BVAC and the Sexual Assault and Trauma Resource Center (SATRC). Although the mission of the statewide helpline is broader than just

Table 27: Non-Court Programs in 2003

Agency	Support Groups	Individual Advocacy	Clinical Groups	Individual Therapy	Children's Services	Psycho-Educational Groups
BVAC	65	208			44	
EBC	51	221	25	67		5
Sojourner	156	1,133		<5	40	162
WCRI	9	43				
DVRCSC	113	70	31	56	35	53
WRCNBC	41	1,185		10	114	
Total	432	2,860	56	133	233	220

period up to a year. Two agencies provide clinical groups to approximately two dozen clients. These groups meet up to half a dozen times.

Four of the agencies offer children's services.

The services within each category vary from agency to agency. These are loose groupings reflecting equivalent but not identical programming and services.

Hotlines

Each of the shelter agencies maintains 24 hour, seven day a week crisis or hotlines. While some are answered by non-shelter staff during the day, at night, they are all staffed by night shelter workers. These workers are trained to screen for emergency admissions after hours, although once potential clients are interviewed over the phone, the staff worker then usually contacts the shelter director wherever

Domestic violence and sexual assault, the majority of calls are also from victims of or persons inquiring about domestic violence and sexual assault. In 2003, of 2,805 calls, 1,510 were from victims of domestic violence, representing the majority of calls received that year. There were also 379 calls regarding sexual assault or abuse that occurred that year and another 270 that occurred the prior year. The helpline also arranges for "go out" calls that provide for trained volunteers to go out to assist victims who are in hospitals or police stations as a result of a domestic violence or sexual assault incident. In 2003, the Helpline initiated 37 police accompaniment go-out calls and 244 hospital accompaniments go-outs. The Helpline made hundreds of referrals to the shelter agencies, including 661 to the Women's Center, 520 to EBC, 377 to Sojourner, 354 to BVAC, 179 to DVRCSC, and 172 to

WRCNBC as well as 778 to SATRC, 67 to homeless shelters and 282 to the Coalition.⁶⁷

Table 28: Crisis/Hotlines, 2003

Agency	Calls
DVRCSC	2,160
WRCNBC	1,403
Sojourner	3,227
EBC	3,921
BVAC	3,808
WCRI	5,385
Helpline	2,805
Total	22,155

Until October 1999, each of the shelter agencies took turns in staffing the statewide helpline. However, as of that date, BVAC began to staff the Helpline around the clock, seven days a week, with a full-time dedicated service coordinator holding primary day-to-day responsibility for calls and scheduling. Most of the shelter agencies maintain that having their own local hotlines are necessary in addition to the statewide hotline, believing that avoiding a third party allows services to be provided more quickly. They also believe that their own staffs do a better job of describing their services and forming a connection with clients.⁶⁸

⁶⁷ The most recent evaluation of the Helpline was published in 2000, Lyon, E. (September 30, 2000). The Victim of Crime Helpline: An Assessment of Current Functioning, A report for the Rhode Island Coalition Against Domestic Violence, the Sexual Assault & Trauma Resource Center of Rhode Island and the Blackstone Shelter, Storrs, CT: Lyons & Associates.

⁶⁸ On the other hand, the WRCNBC director expressed the opinion that it would be more efficient if her agency covered only the local court in Newport and another agency covered Bristol area cases heard in Providence.

Are appropriate community-based services being offered and meeting the need of area victims and their children?

Community-based services for victims and their children are provided on an agency by agency basis. Each selects the programs it decides are needed and appropriate for its agency to administer. Although the numbers of women who receive community-based services other than those offered in the agencies' court programs are relatively limited, the need may far exceed the demand.

The outreach of the shelter based agencies to victims must be measured against the interests and demands of the victims themselves. A study of an experimental outreach program offered as either shelter-based groups or phone counseling to battered women in the criminal and civil courts outside Rhode Island, for example, found few women availed themselves of the services offered. The outreach program attempted to reach almost 2,000 eligible women drawn from the courts. Of those that were reached (50%), only 40% accepted either shelter group or phone counseling. However, only 8% actually followed through and participated in the services. The women refused services primarily because they did not feel they needed them; they accepted services primarily to alleviate their emotional suffering. The women who participated in the shelter-based groups were generally more educated and of a higher economic social status than those who participated in the phone counseling. The latter were primarily concerned with

on-going abuse and assistance for their children.⁶⁹

Additionally, to the extent the agencies reach out to the community at large in educating it and its major service providers about domestic violence, the less direct services provided by the shelter agencies may be necessary. In other words, if the agencies are able to train state social workers, homeless shelter providers, mental health counselors and others to meet the needs of battered women and their children, they themselves do not have to provide these services themselves.

On the other hand, there is little reason to believe the need for services for children who have been exposed to family violence is not fairly uniform across the state, yet only four agencies offer such services. Collectively, in 2003, they provided counseling to 233 children. All and all, according to the Coalition, 873 children, 0 to 18, received services, 377 in shelters. This falls far short of the several thousand children exposed to domestic violence that year.

In 2003, according to statewide domestic violence police incident reports, children were present in 2,748 of the 8,501 incidents, representing a third of the incidents, 1,997 either witnessing or 2,208 hearing the violence. Additionally, according to police reports, there were more than 6,000 children living in the homes where domestic violence incidents occurred, 2,000 were from birth to age three, another 3,000 four to 12 years old and 1,000 more 13 to 17 years old. In short, based on an average of two children per incident home, almost 40% of the incidents

involve homes with children, 74% if the average incident home has only one child.

As noted in the earlier evaluation of STOP Formula Grants, the shelter agencies “perform a multitude of services for their clients with scant and uncertain resources. (Agency) personnel we interviewed felt alternately proud and overburdened by having – or wanting- to do so much for victims. They were acutely aware that the low salaries they offer, and the heavy workload, frequently lead to burn-out, high staff turnover, and difficulty finding qualified staff and volunteers...”⁷⁰ The same report emphasized that much of the burden faced by the shelter agencies resulted from “a dearth of services for children victims and witnesses, and inadequate emergency response from governmental and private social service agencies....(L)ike a sponge, (the agencies are) compelled to absorb many of the functions that other institutions in Rhode Island have neglected, failed or refused to be responsible for. Why, for example, do over-stretched (shelter agencies) provide school curricula on health relationships, often for little or no pay? Why have Rhode Island's schools- and hospitals and public health officials, for than matter- not taken responsibility for this educational effort? (T)his is surely a prescription for failure, as under funded (agencies) stagger under the weight of enormous expectations.”⁷¹

Several initiatives by the Coalition and its member shelter agencies provide excellent examples of successful collaboration with other agencies to improve services for victims of domestic violence. Already mentioned is the Family Violence

⁶⁹ Gondolf, E. (June 1998). *Service contact and delivery of a shelter outreach project*. Journal of Family Violence 13 (2), 131-145.

⁷⁰ Lundy (2000). Op. cit., 22.

⁷¹ Ibid.

Option Advocacy Program that works with the Department of Human Services to reach out to, identify and assist victims of domestic violence and their children receiving assistance through the Family Independence Program. More recently, the Department for Children, Youth and Families (DCYF) has contracted with BVAC to develop a pilot program for children at risk as a result of domestic violence. BVAC advocates work two days a week at DCYF to provide services to abused mothers to assist them to prevent child abuse and/or the removal of the child from his or her family. The success of this program if implemented across the state would markedly reduce the need for legal advocates in Family Court to assist abused women retain custody of their children.

Survey Results

Each of the six shelter agencies was also asked to provide survey questionnaires to women receiving community-based services, excluding court advocacy services. Community based service recipients were asked which services they were currently receiving and to rate which were most helpful to them. The four most utilized services were also the four rated the most useful. They included safety planning, education about domestic violence, group or individual counseling for abuse, and group support received from being with other victims they met or were involved with participating in the shelter agency services. The next most highly rated service was court advocacy. Although half of the victims completing the survey lived with children, help or counseling for children was not rated among the most helpful

services, nor was learning parenting skills. However, as discussed later, the victims surveyed tended to be older and their children were up to 37 years old. Only eleven were reported to be under 15 years old which might explain the lack of enthusiasm for these services.

Asked what services were not being provided that they needed, the write-ins revolved around basic material needs, including employment and financial assistance. Individuals also wrote in counseling for past sexual abuse, self defense classes, assertiveness training, and pamphlets on abuse to be distributed in schools. Asked what services were missing for their children, one wrote counseling, another training for family court judges, a children's support group and the last wrote in-service training in the schools to make kids aware of domestic violence.

Findings

1. Reach of services

While Rhode Island's shelter agencies collect some data from practically all victims it services, lack of uniformity and detail deprives the individual agencies and the Coalition as a whole with a valuable tool to assess and improve services. However, even more detailed data collected on all service recipients would not answer the question if victims of abuse are being reached by the six shelter agencies.

However, extrapolating from available data and national estimates of women abuse rates, it appears that the Rhode Island domestic violence victim service providers are reaching most victims of domestic violence, including members of the state's major racial and ethnic minorities.⁷² The exceptions appear to be elderly victims and children exposed to domestic violence. Neither group appear to be receiving services in proportion to their needs based on either national estimates of elder abuse or Rhode Island state and local police incident reports.

While Rhode Island has less domestic violence shelter beds for the estimated number of battered women and their children than reported in several other states and Canada, it

appears the six shelter agencies in the aggregate are meeting current demand. It is not known, however, if they are meeting current need—providing shelter/haven for abused women and their children who would benefit from shelter but are either unable or unwilling to avail themselves of it.

Victims were asked in the two sets of survey questionnaires what barriers, if any, they found in accessing the shelter services offered. Most did not report any barriers. Among the few who did, the most common were lack of transportation (including money for gas), being too busy with either work or children, lack of money, followed by lack of knowledge that the services existed. The latter included a victim who reported that her lawyer had advised her against using the services, specifically obtaining a court restraining order and another who was told she did not qualify. Several others reported that their abuser kept them away from services.

Rhode Island's tight knit communities and family structures may provide safe alternatives to abused women and their children who need to leave the residences of their abusers, reducing the need for domestic violence shelter beds. In addition, it appears that aggressive police intervention, prosecution, and probation supervision may make it less necessary for victims to leave their residences because of abuse than in states with greatly reduced criminal justice response.

Nonetheless, it appears that a substantial number of particularly vulnerable victims and their families may be excluded from shelter because of co-occurring substance abuse and/or mental health problems as indicated by turn away reports. While these reports

⁷² Abused males are generally not served except by court advocates. One of the shelter agencies hopes to expand its facilities to offer beds to abused males as part of its longer term strategic plan. While there are no domestic violence shelter beds currently set aside for abused males, a survey of homeless men indicates that only 1.5% of single men self-report domestic violence as their reason for seeking shelter. There may be other abused men who are not currently homeless who would seek residence in a domestic violence shelter if it were available to them.

do not accurately reflect the number of persons who are ultimately unable to secure shelter, the admission criteria of the shelter agencies confirm that they are not generally equipped or staffed to handle victims who are also in need of substance abuse and mental health treatment.

2. Appropriateness and Quality of Services

It is difficult to assess the appropriateness of the services offered by the shelter agencies within their residences or within the community. Victims come to them with different needs, different backgrounds, and different expectations. The surveys reveal dramatic differences between victims receiving shelter services and those receiving services in the community.

It is evident that the shelter population is very different from the population of women receiving community-based services.⁷³ The women receiving community-based services are significantly older, more likely not to have children, much more likely to have attended or completed college, be employed, own a car, have a higher income, and be white. They are also much more likely to be American citizens.

Table 29: Profile of Abused Respondents

Demographics	Shelter (n=18)	Community (n=30)
1. Marital Status		
Married	20%	19%
Living Apart	40%	52%
Not Married, living together	40%	29%
2. Age		
Under 20	0	0
20-30	64%	14%
30-50	36%	59%
Over 50	0	27%
3. Children		
None	17%	44%
4. Education		
Some High School	33%	13%
High School or GED	58%	19%
Some College	8%	32%
College graduate	0	35%
5. Employment		
Yes (Full or Part Time)	27%	64%
6. Income		
None	27%	4.5%
Under \$15,000	44%	41%
\$15-\$30,000	9%	32%
Over \$30,000	0	23%
7. FIP (TANF)		
Yes	50%	12%
8. Race/Ethnicity*		
African-American	23%	4%
Asian	0	0
Hispanic	33%	10%
White	44%	84%
9. American Citizen	57%	96%
10. Own Car	18%	90%

* 5 community recipients did not respond to this question

⁷³ Excluding court advocacy.

The shelter victims are obviously much more vulnerable, isolated and dependent than the victims receiving services in the community which is not surprising and may account for the fact that they sought shelter as opposed to community-based services. It may also explain why half had been in a domestic violence shelter before their current stay. Only two reported receiving community-based domestic violence services before entering the shelter.

It is also evident from the survey that the abuse suffered by the two groups does not appear to be greatly different as indicated in Table 30. The shelter victims may have been slightly more likely to have received injuries as a result of past abuse although among those reporting, the rates were the same between the two groups. As noted in Table 30, a quarter of the community-based service recipients did not indicate whether or not they received injuries. If we assume, these eight did not, the total percentage of community-based recipients injured would be 33%, eleven points lower than that reported by shelter victims.

The most striking difference between the two groups is the different levels of police involvement. Police were more than twice as likely to have intervened in incidents involving community-based victims than shelter victims. Reflecting the lack of police involvement, shelter victims were much less likely to have been referred to domestic violence victim services by police than those receiving services in the community. It may be that timely police intervention allows victims to remain in the community and be able to forego shelter services. The shelter residents may be less likely to reach out to police for assistance because they are

less likely to be American citizens. They may fear law enforcement based on prior experience. They may fear deportation (rightly or wrongly) depending upon their immigration status.

Finally, the aspirations of the two groups are also similar, notwithstanding their different backgrounds, ages, economic status and the like. The majority of each expressed the desire to permanent separate from their abuser, although a larger minority of the community-based victims is interested in temporary separation until the violence stops and/or helping the abuser to stop abusing.

In terms of services each group anticipates needing in the future, they are also very similar as indicated in Table 30. A majority of both indicate they will need continued counseling and support with three quarters of the shelter victims reporting that they hope to stay in touch with shelter staff after they leave. At least half expressed the need for court advocacy in each group. However, the shelter victims were much more likely to need basic survival needs including housing, transportation, employment, and daycare for their children.

Table 30: Abuse, Referral to services, Goals, Anticipated Future Service Needs

	Shelter	Community
1. Abuse		
Physical	58%*	73%
Emotional	67%	90%
Sexual	25%	30%
Stalking	25%	7%
Harassment	17%	43%
Threats	17%	70%
Fear for child	17%	20%
Threatened with Weapon	17%	20%
2. Needed Medical Attention for self or child	53%	45%**
3. Police Involved	13%	43%
4. Referral Source***	(number)	
Hotline	2	3
Police	2	10
Family, Friend, Co-worker	2	7
DHS Social Worker	0	1
DCYF Worker	1	4
School Guidance	1	0
Medical Personnel	1	1
Clergy	0	2
DV Advocate	3	6
Other	2 (telephone book, myself)	7 (brochure 4, therapists 2, attorney 1)
5. Respondent Long term goal for abuse***		
Separate temporarily	12.5%	27%
Get abuser out of house	0	7%
Help abuser stop	0	20%
Separate Permanently from abuser	87.5%	57%

6. Future Services Needed***		
Counseling	67%	60%
Support Group	58%	66%
Keep in touch with shelter	75%	na
Hotline	42%	0
Counseling for Child	42%	27%
Court Advocacy	50%	60%
None will be needed	17%	6%

**Although shelter surveys were supposed to be distributed to domestic violence victims, one wrote that she was not a victim of domestic violence and at least one other indicated that her abuse happened years prior and she was not currently in the shelter as a result of domestic violence. Without these two respondents, the physical abuse of the shelter respondents would have been the same as the community respondents.*

*** 8 did not respond to this question.*

**** Several respondents reported multiple referral sources*

It may be that the vast majority of victims identified services they needed to be those most often offered by the shelter agencies because these were the only services they contemplated being able to receive. These services included counseling, support and court advocacy. On the other hand, when asked what services were needed but not available, most victims in both groups were unable to point to any. Shelter victims wrote in one would have liked citizenship services, another English as a second language instruction, and a third computer lessons. Community-based victims wrote in one would have liked employment help, two wanted financial help or financial counseling, another counseling for past sexual abuse, another pamphlets in schools on abuse, another help for her abused child, another self-

defense classes, and the final one wanted assertiveness training.

In sum, it appears that the main services offered by the six shelter agencies, counseling, support and legal advocacy are those most desired. Those receiving them rate them as “most” helpful. To rate “most,” they had to score a five on scale of one to five with one being the least. Counseling for children is also desired for those victims with children.

Recommendations

1. Planning and Administration of Domestic Violence Shelter and Services

To the extent that domestic violence services are confined to a geographical area proximate to the shelter agency, it is both appropriate and advantageous that identification of needs, planning, development and administration of these services are pursued by the individual shelter agencies.

As the state's major racial and ethnic populations appear to be served collectively across the state, individual shelter agencies are in the better position to identify, reach out to and develop programs for underserved, smaller ethnic, linguistic, racial and other minority constituencies in their regions.

However, in regard to the provision of shelter services as well as other programs that serve a broader, statewide constituency, individual shelter agency identification of needs, planning, development and administration may not be as appropriate or advantageous. Ironically, to insure resident safety, shelters generally do not admit victims from their immediate geographical vicinity.

Currently, one of the shelter agencies is seriously considering reducing the number of beds it maintains in its shelter while another is planning to increase its beds. As both agency shelters largely serve the state as a whole, such planning might be more efficacious if all six shelter agencies jointly together to plot out future shelter development. Further, rather than continue to provide six shelters that largely serve the same populations with

equivalent needs, joint collaboration might allow an individual shelter to specialize to meet the needs of specific subcategories of victims that are not generally served by existing shelters.

Statewide planning and coordination might allow for individual shelters to target smaller subgroups of especially needy and vulnerable victims. For example, with special staffing or coordination with other agencies, a shelter could be administered specifically for victims with severe substance abuse and/or mental health problems that presently preclude their admission into domestic violence shelters.

The recently released **Washington Fatality Review**,⁷⁴ after reviewing hundreds of domestic violence fatalities from 1997 through 2004 in that state, documented that victim drug abuse made it particularly difficult for some these women to contact criminal justice agencies or be admitted to shelters, thus increasing the likelihood of their deaths.

In recognition of the challenge presented by victims in need of mental health services, WCRI's Strategic Plan 2004 lists as its "strategic priority # 4 : "Provide mental health assessments, individual counseling, group therapy and mental health services through our collaborative partnership with the Providence Center."⁷⁵

Only one shelter, EBC, runs a weekly substance abuse/alcohol relapse

⁷⁴ Every life lost is a call for change, findings and recommendations from the Washington State Domestic Violence Domestic Violence Fatality Review (2004) (www.wscadv.org/projects/FR/04-FR-report.pdf).

⁷⁵ Board of Directors Strategic Planning Committee and Women's Center of Rhode Island Staff (2004). Strategic Plan 2004, Providence, RI, 5.

prevention group which it requires all residents to attend unless working, asserting that all victims are touched by substance abuse either because of personal involvement, the involvement of their abusive partners or as a result of growing up in families with substance abuse.

The challenges presented by drug abusing victims or those suffering from mental illness are great. One person, unable to function in concert with her peers in a shelter, can disrupt the entire house. Given the trauma of abuse in general, those victims with special issues require more attention than most shelters have the resources or expertise to provide. As it is, several shelters report going to extreme lengths to admit severely troubled victims and their families whenever possible as previously described.

However, as mounting evidence documents, to meet the needs of abused women greater efforts may need to be made to reach out and accommodate those victims suffering from co-occurring substance abuse and mental health problems. The research suggests that “abuse plays a significant role in the development and exacerbation of mental disorders and substance abuse problems. Increases the risk for victimization, and influences the course of recovery from a range of psychiatric illnesses.”⁷⁶ Across studies of battered women, rates of Post Traumatic Stress Disorder (PTSD) range from 54% to 84%, depression range from 63% to 77% and anxiety range from 38% to 75%.⁷⁷ As summarized by a national resource center on domestic violence and mental health:

Many domestic violence victims have endured multiple forms of abuse putting them at greater risk for PTSD, substance abuse, and exacerbating of co-occurring psychiatric conditions, affecting their ability to mobilize resources necessary to protect themselves and their children.

Despite the tremendous impact that traumatic victimization and on-going abuse can have on the mental health of abuse victims and their children, collaborative models for addressing these issues have been slow in developing.

Mental health and substance abuse service providers are not routinely trained to address the social factors that entrap victims in abusive relationships, which can result in falsely interpreting survival strategies as disorders, overlooking the advocacy needs (shelter, legal assistance, safety planning) of domestic violence victims, and not understanding the risks a psychiatric diagnosis can pose for custody battles with an abusive spouse. Likewise, domestic violence advocates are generally not prepared to assess mental health problems and few programs possess the resources to address the mental health needs of the women they serve. This is particularly true for women diagnosed with serious mental illness or substance abuse problems-

⁷⁶ Domestic Violence & Mental Health Policy Initiative (undated).Fact Sheet. Chicago, Illinois, 1.

⁷⁷ Ibid, 2.

problems that are often exacerbated by chronic violation and abuse. For a person struggling to find safety from abuse and recover from its traumatic effects, the lack of training and the absence of collaboration among service providers impedes optimal care. Linking domestic violence advocacy with mental health and substance abuse delivery is critical for the prevention of future violence and its sequel.”⁷⁸

Admittedly, providing shelter to this subpopulation is extremely difficult and there are few models around the country. The Elizabeth Stone House in Boston is nationally recognized as one such model shelter.⁷⁹ The mission of the Elizabeth Stone House is to prevent institutionalization and further victimization of women in emotional distress through the provision of safe, confidential, residential, and community support services for them and their children. In an environment that fosters peer support, program participants define and work toward the accomplishment of practical goals that will enable them to re-enter the mainstream of society. The Stone House began with a five month residential therapeutic community alternative to the traditional mental health system for women. It then found a need to accommodate abused women quickly, allowing them to bypass the typically long waiting list for residency. Consequently, it created a two month Battered Women’s Program for women

seeking refuge from violent living situations.

According to staff, the Stone House regularly admits women with dual diagnoses that are referred by domestic violence shelters who are not equipped to admit them. Approximately a third of its admissions are referrals from battered women shelters. As explained, the Stone House is not “diagnosis oriented.” Residents are provided front door keys to the confidential shelter once admitted.⁸⁰

In another model, the Oklahoma Family Crisis & Counseling Center, Inc. merged in May, 2004 with an alcohol and drug agency so that the latter would provide on-site six months of intensive outpatient chemical dependency treatment. The first three months of the program are focused on intensive safety and sobriety planning. Residents attend all groups during this time including treatment, domestic violence support, skill building and parenting group. The second half of the program is focused on self-sufficiency. Residents can look for job training, school or employment. The goal of the program is to increase safety, sobriety, and stability. According to staffers: “We have found that having domestic advocates and chemical dependency treatment providers under the same roof has really helped to support the families we serve.”⁸¹

Other specialized shelters organized to meet the needs of special victims include a new shelter just opened in Seattle to support deaf and deaf-blind abused women. The Seattle effort began many years ago after a man killed his deaf wife. The victim had tried to seek

⁷⁸ Ibid, 2.

⁷⁹ The Elizabeth Stone House, P.O. Box 59, Jamaica Plain, MA 02130

⁸⁰ Interview with Emily Pilowa, Stone House hotline coordinator, February 22, 2005.

⁸¹ Conversation with Rachel Anderson, My Friend’s Place.

help, but service providers repeatedly turned her away because they were unable to understand or meet her needs.⁸²

In addition to shelter services, other community-based services that are not confined to a proximate geographic area and are not available elsewhere might be more efficaciously identified, planned and developed by the shelter agencies collectively, i.e. through the Coalition, rather than individually. This model is already utilized in the provision of restraining orders advocacy by Sojourner for all persons using the Garrahy Court located in Providence notwithstanding whether they live in the area serviced by Sojourner or not.

For example, Sojourner has identified abused lesbian, gay, transgendered and queer individuals as a significantly underserved population. Is there any reason to suspect that this population and need is restricted to Providence County alone? If the program is effective and needed, it is probably needed across the state. For this to happen, either every shelter agency must duplicate the Sojourner program or the Sojourner program must expand its services across the state, including physically providing services outside of its normal service area. In either case, it would appear that the development of a program capable of serving the entire state would best be developed jointly by the agencies in the aggregate to insure that the most pressing state needs are met given limited resources.

It is entirely appropriate and advantageous for individual shelter agencies to develop, experiment and test pilot programs to expand and/or improve

services. Once the program has proven efficacious, however, the shelter agencies should work in concert to insure that it becomes available to all needy victims regardless of where they live in the state.

Currently, for example, BVAC has a small contract with the Department of Children, Youth and Families to target child at risk as a result of domestic violence. Blackstone advocate works two days a week in the state agency to service abused mothers to resolve issues to prevent child abuse so that the child is not removed from the victim's custody. If the pilot proves effective, the six shelter agencies should join together to work with DCFY to expand the program across the state either by working within DCYF, negotiating a statewide subcontract or training DCYF personnel to identify and refer victims for services offered by the shelter agencies and/or other agencies.

Without interagency collaborative planning, each shelter agency's programs run the risk of reflecting the unique interests and needs of each agency, not necessarily the needs of state domestic violence victims. Although there are many unmet needs that may justify just about any special program for any specific population, obviously resources should be targeted to those populations either most at risk or that serve the greatest number of victims.

Notwithstanding the need for centralized planning, it is equally important that the local shelter agencies continue to provide quality services for victims in their proximate communities. Extensive research suggests that social isolation and an ineffective community response to domestic violence each contribute to a woman's increased risk

⁸² Ellass, R. (April 2, 2005). New shelter for deaf, Seattle Post Intelligencer.

of abuse by partners and ex-partners.⁸³ More recent research suggests that “a short-term, strengths-based, client-driven community advocacy project can set into motion a trajectory of positive changes in the lives of women with abusive partners....Structural equation modeling determined that it was quality of life predicting risk or reabuse, as opposed to risk of abuse predicting quality of life.”⁸⁴

Local shelter agencies, working within their communities, provide the best means to help end the isolation of victims, strengthen their connections with their friends, families and communities. Also local shelter agencies are in the best positions to be able to work with local law enforcement, as well as city and town solicitors (who prosecute most domestic violence crimes) to insure active, positive criminal justice intervention to protect victims in the community.

2. Selection of Services Offered

Given the many needs of domestic violence victims, a variety of services could be offered by the shelter agencies. However, given limited budget, shelter agencies should

concentrate on core services. These include shelter and transitional housing.

If longer term transitional housing could be offered to victims, the numbers that recycle through the shelters might be significantly reduced. It appears that for poorer, more isolated victims and their families, shelters are a service of first resort, rather than last, much like how many poor use hospital emergency rooms because they are unable to access standard out-patient medical services. Although the level of abuse experienced by shelter victims may not be vastly different than that of other women seeking community-based services from the shelter agencies, their situations are much more precarious due to lack of resources, including automobiles, housing, employment, finances, even, in many cases, citizenship and language

Other core shelter and community-based services include counseling, support and domestic violence education. The best format for providing these services appears to be in groups. Not only is this most cost effective, but almost all of the victims reported group participation with other victims to be among the most helpful aspect of the services they received.

3. Data Collection

The Coalition collects great quantities of data, much of it little used in collective or individual agency planning, administration and evaluation efforts. Rather than attempt to collect a bit about each client served, it may be beneficial to collect more detailed data from appropriate samples of clients.

As illustrated in the report, for example, the turn-away data obfuscates as much as it reveals. Even after

⁸³ See, e.g., Aguirre, B. (1985). *Why do they return: Abused women in shelters*. Social Work, 30, 350-354.; Barnett, O. & LaViolette, A. (1993). *It could happen to anyone: Why battered women stay*. Newbury Park, CA: Sage; Crowell, N. & Burgess, A. (Eds.1996). Understanding violence against women. Washington DC: National Academy Press; Greaves, L., Heapy, N., & Wylie, A. (1988). *Advocacy services: Reassessing the profile and needs of battered women*. Canadian Journal of Community Mental Health, 7 (2), 39-51.

⁸⁴ Sullivan, C. & Bybee, D. (December 2000). Using a longitudinal data set to further our understanding of the trajectory of intimate violence over time. US Department of Justice, 98-WT- VX-0013.

examining this data, it cannot be determined with any precision how many persons cannot find a bed on the day they desire one.

Most importantly, better data must be collected on how clients fare after leaving shelters and/or other services. Rather than try to reach all leavers, it may be beneficial to arrange to track a representative sample and commit resources to contacting them periodically over three or four years.

4. Other Advocacy Activities

Although this report has focused on direct client services, this is not to ignore, minimize or discount in any way community education, outreach and advocacy done by the individual agencies or the Coalition as a whole. These activities may, in the end, minimize the need for direct client services. Outreach and community education done over the past decade may account for the high level of victims served by the shelter agencies and the comparatively low utilization of shelters across the state by victims.

Given the major positive role of the criminal justice system in generating client referrals, not to mention safe guarding victims, expansion of Law Enforcement Advocates, Go-Out Advocates, as well as police and prosecution training should remain a high priority. Encouragement of prosecution, especially felony prosecution for repeat abusers by the Office of the Attorney General, should be emphasized. Almost all victims receiving shelter or community-based services report multiple incidents of abuse. Their abusers should be charged, prosecuted and sanctioned as repeat

offenders as provided for by Rhode Island law.

Greater police involvement leading to arrest would require the abuser to vacate the family residence pending a subsequent court hearing. Whether or not the victim chooses to remain or not, this respite gives her and her children time to make that decision in safety.

5. Rewarding staff

When all is said and done, the most valuable assets of the shelter agencies are their personnel. Although it is apparent that staff does not choose this work or stick with it so long and loyally for the remuneration, salary increases must be considered a priority any time new revenues are received, notwithstanding many other pressing agency and client needs.

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